

**GLOBALISATION OF SKILLED MEDICAL WORKERS AND ITS HEALTH  
IMPLICATIONS: EVIDENCE FROM POST COVID-19 BRAIN DRAIN IN EDO  
STATE, NIGERIA**

**BY**

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**PG/SSC/2015694**

**DECEMBER, 2023**

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**A PROJECT SUBMITTED TO THE UNIVERSITY OF BENIN IN FULFILMENT  
FOR THE AWARD OF MASTERS DEGREE (M.Sc), IN COMPARATIVE  
POLITICS AND DEVELOPMENT STUDIES, DEPARTMENT OF POLITICAL  
SCIENCE.**

**DECEMBER, 2023**

## **DECLARATION**

I, **ATU, Benjamin, Agbokaide** declare that this work is as a result of my research effort and that to the best of my knowledge, it has not been presented by any other person for the award of any degree except where acknowledgments have been made.

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**DATE**

## **CERTIFICATION**

This is to certify that this research project was carried out by Atu Agbokaide Benjamin of the Department of Political Science with matriculation number PG/SSC/2015694 in partial fulfillment of the requirements for the award of Master of Science degree in Comparative Politics and Development Studies.

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## **DEDICATION**

This project work is dedicated to God Almighty who made this dream come true. To him alone be all the glory and honour.

## **ACKNOWLEDGEMENT**

I acknowledge my Project Supervisor who acted as a father and a guardian to me at every step of this project. He did not allow me to face frustration, as he was instrumental in supporting me with relevant pieces of information to enhance my research and literature review. I am grateful sir.

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### **ABSTRACT**

The 1983 coup d'état that ousted the Shehu Shagari government out of power gave to justify their action with the poor health condition of across the country. The master minders claimed that the country's hospitals had become "mere consulting clinics. "In the speech announcing the overthrow of the government, Sani Abacha (then a brigadier-general) lamented, "Health services are in (a) shambles as our hospitals are reduced to mere consulting clinics without drugs, water and equipment." Depressingly, 40 years after, the last 24 years under civilian rule, not much improvement has been witnessed in the sector. (Source Punch Newspaper 14 September, 2021. page 14). Things have deteriorated in the sector so much that even the President, Major General Muhammadu Buhari (retd.), alongside the political elite, does not trust the country's hospitals enough for their medical needs. Instead, have resorts to medical tourism in the United Kingdom at huge public huge expense. The British Broadcasting Corporation says Nigeria spends about \$1 billion annually on medical tourism, particularly to India. This poor health infrastructure no doubt is the basic reason for the high-level exit of skilled medical workers from the county. The study examined the health implications of globalization of skilled Medical Health workers with evidence from post Covid -19 Brain Drains in Edo State Nigeria. It was discovered that globalization has produced significant shifts everywhere. Healthcare is undergoing dramatic globalization. This research is about the

high level of brain drain as experience in the post covid -19 in Edo State Nigeria. With the mass exodus of doctors fleeing an increasingly hostile work and economic environment, if care is not taken, there will be nobody to consult at the decayed “clinics” again. Health is not valued until sickness comes. The study revealed that despite the risks of frontline workers during the pandemic –migration to high income countries remain attractive to medical skilled and health workers from Edo State due to better working conditions including remuneration and workload. The implications is that if not managed well, increased demand for health workers will leave considerable gaps in Edo already weak health system. (Nation Newspaper on Apr 25, 2022). It is recommended that government should intensify effort in the proper funding and encouragement of health workers in Nigeria in order to arrest the continuous increase of brain drain in Edo State and in Nigeria.

## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background of Study

“The ‘crisis in human resources’ in the health sector has been described as one of the most pressing global health issues of our time. The World Health Organization (WHO) estimates that the world faces a global shortage of almost 4.3 million doctors, midwives, nurses, and other healthcare professionals.” (Fidler, 2011)

According to Tafadzwa a global undersupply of these threatens the quality and sustainability of health systems worldwide. This undersupply is concurrent with globalization and the resulting liberalization of markets, which allow health workers to offer their services in countries other than those of their origin. (Tafadzwa D, and Godfrey M, 2021)

The opportunities of health workers to seek employment abroad has led to a complex migration patterns, characterized by a flow of health professionals from low- to high-income countries. This global migration pattern has sparked a broad international debate about the consequences for health systems worldwide, including questions about sustainability, justice, and global social accountabilities.

Over the years, the Nigerian healthcare workforce, including doctors, nurses, and pharmacists have always been known to immigrate to developed countries to practice. However, the recent dramatic increase in this trend is worrisome. There has been a mass emigration of Nigerian healthcare workers to developed countries during the COVID-19 pandemic. While the push factors have been found to include the inadequate provision of

personal protective equipment, low monthly hazard allowance, and inconsistent payment of COVID-19 inducement allowance on top of worsening insecurity, the pull factors are higher salaries as well as a safe and healthy working environment.

In an Editorial, Sun Newspaper, November 2, 2022, the Nigerian Medical Association (NMA) disclosed that over 10,000 Nigerian doctors are currently practicing in the United Kingdom (UK). The National President of NMA, Dr. Uche Ojinmah, revealed this during the 2022 Physicians' Week. According to him, Nigeria has the third highest number of foreign doctors working in the UK after India and Pakistan. It is also possible that the figure will be higher than stated considering the paucity of statistics in this part of the world.”

“The emigration of Nigerian doctors to the UK, United States, Canada, Saudi Arabia and other countries in Europe will likely worsen the nation's fragile health system. That is why the federal and state governments must enhance the welfare of Nigerian doctors and other workers in the health sector without further delay.” (Editorial, Sun Newspaper, November 2, 2022.)

“It is sad that Edo state in particular has lost thousands of its doctors and other health professionals on account of the recurring brain drain in the sector. As at 2021, it was estimated that about half of Nigeria's 72,000 registered doctors were practicing abroad. (Nigerian Observer Newspaper online September 17, 2022) With the recent figure released by the NMA president, the number must have increased. Also, between December 2021 and May 2022, a total of 727 medical doctors trained in Nigeria relocated to the UK. In August 2021, over 500 Nigerian doctors turned up at a

recruitment exercise organized by the Saudi Arabia health ministry in Abuja.” (Awake, 2002)

Similarly, “the Nursing and Midwifery Council (NMC) of the UK stated that the number of Nigerian nurses in that country increased by 68.4 per cent from 2,790 in March 2017 to 7,256 in March 2022. Medical experts are already worried that given the frightening exodus of Nigerian doctors to foreign countries, it will take Nigeria about 100 years to have the number of doctors needed by its citizens, even if no doctor leaves the country after training. The brain drain in the health sector is already affecting the doctor-to-patient ratio in the country now put at 1:10,000 as against the World Health Organization’s (WHO) recommendation of 1:1,000.”

According to Sun Newspaper Editorial of 2, November 2022 “the recent budget proposal by President Muhammadu Buhari, N1.17trillion, representing 5.75 per cent, was allocated to the health sector out of the total of N20.5 trillion for the 2023 fiscal year. The proposed budget according to analyst, significant shift from the N826.9 billion allocated to the sector in 2022 and the N547 billion allocated in 2021. This improvement in the country’s yearly budgetary provision has not made any significant difference in the nation health sector as Nigeria has failed to fulfill its international obligations and commitment as made by African leaders under the 2001 Abuja Declaration to allocate at least 15 per cent of their annual spending to health. Countries like Rwanda and South Africa have met the commitment by allocating at least 15 per cent of their total budgets to health yet Nigeria, which paraded itself as the giant of Africa is still lacking behind. The failure of the country in this regard has increase the number of Nigerians serving as foreign Doctors and health workers in the United Kingdom.

HHR migration is a result of other characteristics of globalization (i.e., increases in the factors that push people out of their countries). Globalization has made nations that failed to be self-reliant victim of prevailing circumstances by their dependence on more developed nations for their survival and sustenance. This failure to be self-reliant has created a de-facto pull on health care professionals from other countries. Foreign-trained health professionals fill important gaps and, as a consequence, health care is made more available and accessible to their populations. Receiving countries are thereby better able to fulfill their obligations under the right to health by accepting foreign-trained health care professionals. This therefore, is a major reason why health care suffers in Nigeria particularly in Edo State.

As noted by Oluwafemi, “the challenges pose by mass exodus of skilled medical and health workers exit particularly in Edo State became worse during and after the Covid -19 pandemic. Covid-19 Pandemic greatly upturned social conventions and disrupted health activities making medical health workers more mobile than usual. Dr. Chikwe Ihekweazu the Director General of the Nigeria Centre for disease control, (NCDC) and Dr. John Nkengasong head of Africa Centre for disease control and prevention (CDC) both started the post covid-19 Brain Drain in the Africa continent. Dr. Chikwe leads the World Health Organization for Pandemic and Epidemic in the German Capital Berlin, Dr. Nkengasong on the other hand was nominated to lead the US President’s Emergency plan for AIDS relief. He was the first African to occupy that position. Their exalted international appointments made the medical brain drain worse as they have created international opportunity for more medical doctors particularly from Edo State to relocate overseas.” (Oluwafemi, Luther AA, and Yusuf AA, 2020)

“Nigeria is a nation where doctors courageously manage all forms of infectious diseases as part of their routine daily activities, including the ravaging COVID-19. Despite all these, they are only guaranteed a monthly hazard allowance of N5000 (US\$ 14, Central Bank of Nigeria exchange rate of N361 as of 28 April 2020). Worse, of it, is for the minister of health claim not to be aware of such a fee and in the advent of illness or death of a medical doctor while on the job, they are entitled to nothing in health insurance coverage. Whereas, counterparts in a neighboring country like Ghana, are be paid US\$4322 as health insurance coverage in the occurrence of illness /death of a doctor in the fight against COVID-19. Health insurance is a necessary incentive, even for a medical doctor, not just, because it connotes the importance the health care managers confer on the health workers, but also because it serves as an assurance of protection in the event of the unprecedented.” (Daily Nigerian Newspaper, September 16, 2022)

## **1.2 Statement of the problem**

The healthcare system in Edo State is in a dire state of repair, and if human capacity building continues to be lost at the alarming rate as it is currently, there may not be any Healthcare practitioners left to work in the State. The problem became worse as no practical effort is made to develop the health system back home to entice those who have acquired knowledge abroad to return home to use the knowledge in impacting the health system. This phenomenon has forced many people to remain in the developed countries due to their unhappiness with the situation back home.

There is a significant brain drain problem in Edo State, and Arewa (2019) diagnosed the brain drain problem being caused by the “systematic official corruption” in the State. (Arewa 2019)

Grenier (2015) pointed out that the most basic of human rights is access to Healthcare and Edo lack that basic human right, which in turn has made a lot of Healthcare workers move to more developed countries. As noted by Adepoju, (2018) Corruption is a major reason why many skilled medical workers travelled to more politically stable countries like the United States, the United Kingdom, and other westernized countries in search for solace, better living conditions, and security. The General Medical Council analyzed that in the United Kingdom, 205,855 doctors were registered and 7,879 of them were Nigerians. In the United States, it is estimated that the number of practicing Nigerian doctors is greater than 4,000 (Adepoju, 2018).

Additionally, Karan et al. (2016) deduced that currently Sub-Saharan Africa (where Nigeria is located) is experiencing a huge drought of surgeons, which is caused by their emigration to more developed countries. Such high level of migration has created a huge gap in the healthcare industry. No deliberate effort by both the Federal Government and the Edo State Government on how to improve the health sector in order to halt the mass migration of skilled medical workers.

Several factors are responsible for Brain Drain of skilled medical and Health care workers. The nonchalant attitude of the Bureaucrats towards Government investment and the lack of political will by the political class in serving the interest of the public are key problems responsible for the abandonment of both supplied medical equipment's and

infrastructures. The consequences of these neglects are responsible for the decay in the medical sectors making the working environment to be hostile. The resultant effects are the current Brain Drain in the Health sector. The Government never envisaged the ongoing revolts that could lead to Brain Drain of skilled medical and Health workers. Had they know, they would have taken the issues of constant strikes by health care practitioners seriously? Even during the pick period of the dreaded Covid-19, health workers in Edo State threaten to down tools due to the attitude of the State government towards their welfare package.

The problem posed by Brain Drain is traceable to leadership failure and poor oversight by the legislature who are constitutionally empowered to checkmate the actions of the executive branch. The Nigeria Constitution empowers legislature to question the actions of the executive arm of government, and to hold the executive accountable for the high level Brain Drain. The failure of the legislature in the performance of their Constitutional role, contributed to the failure in the health sector and its overall consequences of brain drain which has continuously weakened the health sector in the Edo State and in Nigeria,

For example, “former Governor Adams Oshiomhole brought President Buhari to Edo State and other dignitaries to commission the Edo State Specialist Hospital in 2016 with borrowed medical equipment and uncompleted empty rooms under the supervision of the Edo State House of Assembly.” (Governor Obaseki 2020) The rubber-stamped legislature exhibited corruption in their action by not raising an alarm yet, oversight works of the legislative committees was supposed to expose administrative lapses, irregularities and problems within the Health sector and within MDA’s.

Another example was a probe by the House of Representatives committee on Health, which revealed that hundreds of millions of dollars of contracts awarded to different contractors for Health infrastructure projects remained unimplemented months after payments were made. Some of the contractors did not know the contract sites. These are the reason the systematic failure of the Post Covid-19 Brain Drain in Edo State is traceable to corruption. (Eye witness Report)

Globalization on its part has heightened Health Workers crisis as it has influence migration and increase cross border health needs. (Bundred, Martineau, and Kitchiner, 2022). Migration is characteristic of globalization as it increases mobility of people. Border barriers in rich countries for professional, technical and skilled immigrants are being lifted, in contrast to a dwindling rate of semi- or lesser skilled migrants (United Nations Population Fund (UNFPA, 2005)

The constant shortage of health-care workers has led to a brain drain that is negatively affecting the health-care systems of Edo State.

### **1.3 Research Questions**

For a clearer understanding of the cause and effect of medical brain drain in Edo State, two research questions have been raise to guide the study.

1. Why are skilled medical workers leaving Edo State?
2. What impact does their leaving have in the healthcare sector?

### **1.4 Objectives of the Study**

The Objective of the study is to find lasting solution to the crisis of Brain Drain in Edo State, and examine the justification, implications and causes of the mass exodus of skilled medical and health care workers from Edo State and Nigeria. The study x-ray the havoc wreck by Covid -19 and how government officials took advantages of Covid-19 to consolidate on their corrupt practices and also engaged in an ungodly borrowing in the name of building World class Medical facilities which was never built till date. Another purpose of the study is comparative analysis of how infectious diseases were handled during and after the colonial era in comparison with Covid 19. The study gave first hand details of Covid-19 challenges in Edo State, which coincided with the #ENDSARS# National Protest in October 1st characterize by several jail breaks with Churches, Police Station, Courts and Mosque burned down. It also gave a clearer understanding on the role of corruption and failure of the legislature in holding government officials in charge of Health care accountable for their actions. These leadership failures were all expose as major reason for the high level Brain Drain.

## **1.5 Hypotheses**

The following hypotheses of this research are;

1. Poor leadership and corruption are responsible for the high level Brain Drain in Edo State.
2. Brain Drain is not responsible for the decay in the Edo State Healthcare Sector.

## **1.6 Scope of the Study**

This study focused on causes, consequences, and solution to Post Covid-19 Medical Brain Drains in Edo State. The scope covers historical analysis of infectious disease during the colonial Era and how they were handled in relations with the recent Covid-19. It covers major aspects of the Causes, effects and solution to the topic under review as well as the role of Globalization in the Brain Drains of Skilled Medical workers in Edo State. It covers systematic and entrenched corruption in Nigeria and how it has undermined the growth of the health sector.

### **1.7 Significance of the Study**

The Health and developmental relevance of investigating Skilled Medical Brain Drains in Edo State and Nigeria cannot be over emphasized, as it has assumed a worrisome dimension. Study has revealed that Nigeria will soon start importing Skilled Medical Professional from other nations while the few within the nation are leaving in glove. This study will enable us find lasting solution to Medical Brain Drain as well as provide necessary recommendation that if implemented will help in halting the mass exodus of Skilled Medical Health Workers in Edo State. Globalization benefits nations that are industrialized with high technology. While globalization has accelerated development in the western world, it has made deepen the dependency of developing nations. The school of thoughts that perceived globalization as beneficial, has been accused of failing to look at the effect of Globalization on the development of the Third World by emptying skilled medical professional to fill the vacuum in more developed nations. This study is significant because it also revealed how globalization can be used in turning Brain Drains into Brain Gains.

## **1.8 Limitation of study**

Time and financial resources were critical factors that bedeviled this research work particularly the fact that there is no physical cash currently in Nigeria to transport around in gathering research materials due to the scarcity of fund occasioned by CBN new naira notes and refusal to accept old naira note for transactions. Banks no longer open for normal operation as no money for them to give to customers. The research work also coincided with the 2023 general election where my Boss happens to be a Senatorial candidate making the time to focus almost impossible as the spokesperson of the Edo North Senator Francis Alimikhena Campaign Organization. Restrictions in the usage of private and special libraries were another limitation that slows down my efforts. Travelling around the three Senatorial district of the State was a challenge as I was force to sleep in Edo Central where fuel stations decline to accept ATM Transfer except cash, which was not physically available.

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## CHAPTER TWO

### LITERATURE REVIEW AND THEORETICAL FRAMEWORK

#### 2.1 Concept of Brain Drain

Brain drain is defined as the movements of highly skilled labour forces, the human capital, from a country to another due to different reasons. There are varied factors affecting elites' decision to stay and fight with the problems in their own country or fly to another country to have a prosperous future. The phenomenon is such a multifaceted issue. (Asplundh, E. and James, T 2020) This point was upheld by Adebajo, 2020 when he said, “Brain drain involves the migration of skilled workers out of their countries to more developed countries, in search of a better standard of living; in terms of better remuneration, better working conditions, and political stability.”

Oxford advanced learners dictionary, define brain drain as the emigration of highly trained or qualified people from a particular country. Wikipedia define the concept as Human capital flight or emigration of individuals who have received advanced training at home. The net benefits of human capital flight for the receiving country is referred to as a “brain gain” whereas the net costs for the sending country are sometimes referred to as brain drain.

The Edo health system has suffered several setbacks. It is vastly under-resourced in terms of personnel and medical infrastructure. While this is a widespread problem, conditions in rural areas are often far worse compared to urban ones in Edo State. Edo’s poor health system has resulted in penurious outcomes, prompting stakeholders to call for immediate government intervention. Yet, the government’s health expenditure is still significantly

lower than the World Health Organization's (WHO) recommendation of 15% of the annual budget.

A 2006 WHO report revealed that Nigeria has a Doctor-Patient ratio of 4 doctors per 10,000 patients and five hospital beds per 10,000 patients. With over 200 million people, it would take about 25 years to produce enough doctors to cater to the population, (The world health report 2006) This dire situation can only lead to poor health outcomes. High child and maternal mortality rates are preventable if doctors are readily available. The link between the number of physicians and mortality rates has been documented in the literature, reflecting the negative consequences of doctor shortages in Nigeria.

The significance of a fully functional health system cannot be over-emphasized. Economic and social welfare conditions are among the fundamental causes of brain drain. Hence, a significant financial commitment through the provision of critical infrastructure in the health sector and improved governance would facilitate the retention of doctors within the country. The government should prioritize the health sector, given its link with better life quality and economic development. Workers' remuneration should be made competitive with international standards. That would increase the opportunity cost of emigration.

“Less than 50% (30,000) of the over 80,000 doctors registered with the Medical and Dental Council of Nigeria are currently practicing in the country.”(Brock G, 2012) In a bid to facilitate universal health coverage, the world health organization recommends a minimum of 4.45 doctors, nurses, and midwives per 1,000 populations; Nigeria has below 2.1. ( Sixty two World Health Organization Assembly 2010) This critical shortage

causes a delay in accessing quality healthcare, low usage of accredited health facilities, and higher patronage of unorthodox healthcare. These are key factors contributing to poor health indices of the State. ( Inegbedion 2020)

As Noted by World Health Organization, (WHO) “Brain drain is also associated with job stress and occupational burnout, which affect health workers’ job performance, lead to low quality of service delivery to users, and fuels their intentions to leave their jobs.” (WHO 2022) Human Capital flight has led to shortage of medical specialists in Edo State, which translates into poor medical research output.

According to Irny, S.I. and Rose, A.A. (2005) they argue that before the pandemic, the Nigerian health system faced poor funding, poor staff remuneration, and poor working conditions. However, the emergence of the COVID-19 pandemic has further worsened those challenges and has created an atmosphere where the already poorly motivated healthcare workers are further exhausted and dissatisfied with their jobs as manifested in various medical protest across Edo State during Covid 19. This has negatively affected healthcare delivery and medical education in Nigeria; hence, the need for urgent attention.

According to Governor Godwin Obaseki, “Edo State lost a huge part of its highly skilled healthcare practitioners due to Brain Drain.” The corrupt leadership in the country has negatively affected the economy by depleting natural resources (oil and gas) that are an income generator; and as a result, many citizens have escaped in order to provide for their family (Moyosore, 2015). The State also lacks human capacity development (Joshua et al., 2014).

“The emergence of brain drain in Edo has hindered the development of the medical infrastructure to the standards of other comparable States like Lagos. Brain drain also increased medical tourism in the state, especially among the upper echelon of society” (Orekoya & Oduyoye, 2018). As lamented by the Oba of Benin, he describe the emigration of highly skilled healthcare practitioners as “all-time high and therefore depleting Edo of its healthcare worker talents that could help build the State healthcare sector. Due to brain drain, there has been excessive emigration out of the State by healthcare practitioners to other developed countries”. It is estimated that over two million Nigerians currently reside in the US, of which 20,000 are doctors and more than 10,000 are academics (Ogbu, 2019). These figures include the number of Doctors from Edo State.

Imam and Akinyemi (2015) opine that “brain drain as a phenomenon is not exclusive to a specific industry in Nigeria; however, the healthcare industry may have experienced a significant loss due to the western influence on Nigerian medical practitioners particularly in the field of neurology. They argue that Nigerian doctors have had a long-standing unofficial tradition of completing courses and training in developed countries without the interest of returning home.

“Many went to developed countries to be educated and often came back to teach what was learned. However, that is no longer the case because many healthcare practitioners travel to developed countries and end up staying there permanently. They become enamored with better living conditions and good wages that they cannot get in Edo State.” (Brock and Blake 2017) further asserted that there is a lack of human capital building in the healthcare field coupled with skilled healthcare practitioner’s migration

from Edo, Nigeria to developed countries for better economics and improved infrastructure.

Abubakar et al. (2018) outline reasons why Edo State's healthcare system is almost non-existent, and why the elite in the state often travels to more developed countries for medical treatment. One reason cited by him was inadequate funding of healthcare resources by government. According to him, this has created a gap in Healthcare resources of the State and create lack of faith in the healthcare system, which further justify the actins of wealthy citizens who travel abroad to receive treatment.

Okafor (2016) identified that Nigeria has not reached its budgetary allocation for health care per suggestions by the WHO and the African Union recommendations in a long time." "Only 4% of the country's budget is apportioned to healthcare. This has made it hard for Nigeria as a country to meet benchmarked health indicators". (Abang (2019)

As of 2019, "Nigeria ranked 146 out of 198 countries in the corruption perception index) (Corruptions Perceptions Index 2019 for Nigeria,). Corruption has hindered the economic growth and development of Nigeria. Arewa (2019) argued that Nigeria has been plundered to the point where it is affecting poverty, education, the development of proper infrastructure, and the shrinking healthcare sector.

The degenerated healthcare sector has caused healthcare practitioners to leave the country and created a huge gap in access to healthcare due to the limited number of healthcare practitioners in the country. Moyosore (2015) explained that the management of human and material resources has become very hard due to corruption, and this has caused many to move to another country (brain drain).

## **2.2 Brain Drain**

Goga (2020) explained that brain drain is the movement (emigration) of high skilled workers from a developing country to a developed country. The highly skilled workers that move from a developing nation to a more developed one move due to factors that are highly desired in the country they are moving to. There are several industries that are affected by brain drain, and when the phenomenon was first conceptualized by the Royal Society of Britain in the 1960s, it was due to the migration of scientists from the United Kingdom to North America (specifically the United States and Canada). Brain drain has become such a huge part of the economies of developing countries, and while the history dates back to the 1960s, it is a phenomenon that has continued to garner interest.

Human migration has been well documented in history. Dell'Amore (2011) revealed that over 20,000 years ago, humans migrated from Africa due to a warm spell during the Ice Age. This warm spell paved the route out of Africa, which could possibly be the first documented migration of humans. The council of the Royal Society first coined the term brain drain during their inquiry into scientists that were moving from the United Kingdom to North America.

Oldfield et al. (1963) reported that in a 10-year period the Royal Society stated, during that 10-year period, many scientists with Ph.D. relocated to North America from the United Kingdom. Balmer et al. (2009) summarized the 1963 report by the Royal Society to further explain the origin of the brain drain terminology. The Royal Society was a

nongovernment entity that was concerned about the political nature of science in the United Kingdom and was highly critical about the excessive involvement of the government in science-related fields.

Balmer et al. (2009) further asserted in the Royal Society's report that it was more of a political discussion than the actual migration problem that was happening. It should be understood from their perspective that the society's 1963 report on emigration of scientists, which was instrumental in the 'brain drain' debate of the 1960s, reflected its desire to raise awareness of this issue but to remain conscientious of the brain drain issue but also remaining adamant that there was a political caution that needed to be taken into consideration" (Balmer et al. 2009)

### **2.3 History of Brain Drain**

Historically, brain drain started with the transatlantic slave trade in the middle of the 15th century when the first Africans stepped onto European soil. By the year 1518, after America was discovered, slaves were shipped directly from the Western parts of Africa such as what is now modern-day Benin, Nigeria, and Cameroon to America. (Adi, 2012). Whatley and Gillezeau (2011) asserted that Africa, with its vast rich resources, suffered a devastating reversal of fortune that is still very prevalent in the dire outlook the continent faces today.

Ukwandu (2020) argues that slavery also contributed to the underdevelopment and poverty in Africa. In recent times, the migration of highly skilled workers from their developing country to a developed one was done voluntarily due to circumstances presented in their country of origin such as low wages, poor working conditions,

inadequate or poor resources, and inadequate governance (Grenier, 2014). In the United States for example, Silicon Valley constantly attracts highly skilled workers in the field of technology from other parts of the world. ( Hunter, 2013)

However, Kosoff (2017) purported that many highly skilled workers left the United States for other countries such as China, Canada, and Mexico. Douquier (2014) asserted that small-sized countries with a smaller workforce of about one million workers have lost some of their highly skilled workers to developed countries. Countries like Haiti and Jamaica and others have hard hit by the consequences of brain drain of more than 80% (Douquier, 2014, p. 3).

Hunter (2013) reported that initially, brain drain only examined migrants from scientific fields. Royal Society report of 1963 associated brain drain with highly skilled Scientists who had Ph.Ds. Today, brain drain has had more consequences on the health sector than in every other sector. The categories of people who currently migrate in recent times are not limited to Ph.D. holders and scientists as earlier indicated in the 1963 Royal Society report. The American Medical Association as of 2011 reported that over 17,000 of the medical doctors practicing in the United States were born or trained in Africa. ( Rubagumaya et al. 2016)

Olutayo (2017) expressed that WHO had Identified 56 countries where there is shortage of healthcare workers. Truman (2018) explained that apart from the typical brain drain as it is understood, immigrant brain drain is another facet of the brain drain phenomenon that some people are facing in the United States. Truman in his postulation maintained that immigrant brain drain refers to instances where workers who are highly qualified for

a position are unable to work in that position because they are undocumented. He argue that this type of brain drain further skews data collected on the brain drain phenomenon as a whole.

## **2.4 Historical background of coronavirus**

Before the advent of the year 2020 COVID, the world had witness similar incident of coronavirus in the past. The two most recent experiences, the Severe Acute Respiratory Syndrome, which happened in China in 2002, 2003 and the Middle-East Respiratory Syndrome, which occurred in some Middle East and some other countries outside the Middle-East in 2012 (Zhong et al., 2003). However, previous cases of Coronaviruse did not cause devastating consequences as was experienced in 2020. Rather, they caused “mild infections in immune compromised people and were not considered to be highly pathogenic in humans until they circulated in the Guangdong province of China in 2002 and 2003 during the Severe Acute Respiratory Syndrome (SARS) outbreak” (Zhong et al., 2003). According to World Health report, the cumulative number of infections recorded was 8437. Out of this number, 813 (9.6%) of the cases were fatal while 7452 (90.4%) of the cases recovered. (World Health Organization report 2003).

“The first documented cases of Middle East respiratory syndrome (MERS) occurred in Jordan in early 2012. Globally, to date, there have been a total of 55 cases confirmed by laboratory testing. Out of these, 40 have occurred in KSA, and the rest have been reported from other countries in the Middle East (Qatar and the United Arab Emirates), from Tunisia in North Africa, and France, Germany, Italy and the United Kingdom of Great Britain and Northern Ireland in Europe” (WHO, 2013). Despite having a limited

number of cases, the death rate of Middle East respiratory syndrome (MERS) was about sixty per cent (60%) (WHO, 2013) Thus, the combined cases of infections from SARS and MERS amounted to 8492. (WHO, 2013)

The coronavirus, also known as COVID-19, which began in China in 2019, was linked to a novel Coronavirus that was named SARS-CoV-2 (Zhu et al., 2020). It is pertinent to note that “the new strain of coronavirus had not been previously identified in humans and the disease associated with it has been dubbed Coronavirus diseases 2019 (COVID-19) by the WHO (Bawazir et al., 2020). The first wave started in 2019, the second wave of the Covid 19 which came with his own variant started within the middle with a Delta Variants of the virus which is described as more deadly since it has no symptom in human making it the worse of the various variants.

The virus has spread to all globally, causing severe morbidity and mortality since its emergence in 2019 (Wu et al., 2020). According to the National Bureau of Statistics bulleting (2020) as of 14 May 2020, the world had witnessed five million, one hundred and three thousand, (5, 103, 006) cases of COVID-19 (following the applied case definitions and testing strategies in the affected countries), including 109, 536 fatalities, representing 2.15% of the infections. The results also indicate that 74,256 of the infections are from Africa, 182,278 are from South East Asia, 2,282,488 are from America, as well as 1,987,657 from Europe and 172,696 from Western Pacific, among others. (National Bureau of Statistics bulleting 2020)

The fatalities associated with the different continents as of 14 May 2020 were 2504 (Africa), 5119 (South-East Asia), 62,221 (America) and 21,413 (Europe). (National Bureau of Statistics bulleting 2020)

As of October 2021; barely one year after the commencement of the COVID-19 pandemic, the total confirmed cases rose to 34,804,348 with 1,030,738 (2.96%) fatalities globally (WHO, 2020a; 2020b). This partly explains why COVID-19 appears to have attracted more global attention in terms of sensitization and lockdowns than the previous cases. (National Bureau of Statistics bulleting various issues edition 2020)

## **2.5 Globalization and the Search for Greener Pastures by Edo Skilled Medical Workers**

“The pressure COVID-19 has put on our healthcare system is unimaginable, the amount of brain drain in our healthcare system is frightening” (Governor Godwin Obaseki, Governor of Edo State 2020)

Globalization processes and the worldwide increase in demand for healthcare have not only fueled the trade in healthcare technologies but also opened domestic borders for foreign labor in the health sector, resulting in cross-border migration of health workers. Globalization has dramatically increased migration from low and middle-income countries (LMICs) to high-income countries (HICs) in North America and Western Europe.

World Health Organization report 2006 state that the freedom of health workers to offer their services in a globalized employment market must be seen within the context of a

global undersupply of human resources for health. The World Health Organization (WHO) in 2006 the 2006 report admitted that globally there was a shortage of almost 4.3 million doctors, midwives, nurses, and other health workers. It further estimated that globally 75 countries had fewer than 2.5 health workers per 1000 population, which is the ‘minimum number necessary to deliver basic health services’. According to the same report, the large majority of countries with a serious shortage of health workers are located on the African continent. (World Health Organization 2006)

The reliance of health workers from low-income countries to high income countries, made the already stressed health systems in countries such as Zimbabwe, Nigeria, Ghana, Zambia, and South Africa worse. They constantly experience net outflow of health workers, while High Income Countries (HICs) in North America, Europe, the Middle East, and Oceania actively ‘import’ health service labour to sustain their healthcare systems in the light of existing or anticipated shortages. The High Income Countries’ reliance on health workers from overseas, contributes to the so-called brain drain phenomenon in Low and Middle Income Countries in which highly skilled personnel leave a particular country to offer their services elsewhere.

Africa has only 10% of the world's population, yet they bear 25% of the global disease burden. This disease burden in turn is confronted by only 3% of the completely global health workforce. (World Bank, 2006) African continent is a particular hotspot when it comes to shortages in health service delivery; health workforce migration has worsened the situation. African Countries are estimated to lose up to 70% of their health workforces to high income Countries (HICs). “Approximately 65,000 African-born physicians and 70,000 African-born professional nurses are currently working overseas in

HICs. This lack of health workers on the African continent can literally create life-endangering situations for communities where the health services simply vanish overnight due to the emigration of qualified personnel. Especially in sub-Saharan countries, health worker migration is believed to have serious negative effects on the availability and quality of health services”.(World Bank 2020a) Furthermore, it has been claimed that LMICs not only lose manpower in the health sector, but also effectively lose out on their financial investments into training and education. ( World Bank 2020a)

The Health Professional Mobility in the European Union Study (PROMeTHEUS) Study showed that nearly all European countries increasingly rely on recruiting health workers from abroad to fill their shortages. The same study points in the same direction as the OECD findings and estimates that countries such as Estonia, Slovakia, and Poland have little reliance on foreign medical doctors, with a demand ranging from 0.02 to 0.7% of the total workforce. On the contrary, countries like Switzerland, Slovenia, Ireland, and the United Kingdom were found to be among the European countries with very high reliance on foreign medical doctors (National Institute for Legislative and Democratic Studies NILDS 2020)

Between 2015 and July 2021, 4,528 Nigeria-trained Medical Doctors relocated to Britain. This figure was released by The UK Medical Council recently but Nigerian medical practitioners also migrate to Saudi Arabia, the United States, Canada, Australia and the Caribbean islands. (UK Medical Council 2021)

In April, The National Association of Resident Doctors (NARD) embarked upon industrial action over poor working conditions and numeration of every 10 doctors polled

were actively pursuing opportunities to work overseas. The doctors gave high taxes, poor salaries and low work satisfaction among their reasons for pursuing migration. (Survey 2017)

It has been opined by Augusto & co 2020, that Nigerian doctors that emigrate are not only draining the nation of its valuable human resource but are also paralyzing the health systems. According to him, in an age where the health systems is already threatened by the COVID-19 pandemic, the unregulated emigration of Nigerian doctors has created a vacuum that may result in the suffering of patients particularly in Edo State.

To ease the health sector's burden, Mbanefo Chibuikwe said, doctors could give back to Nigeria by working for a predefined period in the country. However, there is the need for motivation through, remuneration packages and enhanced working conditions. It has been observed that health is not valued until sickness comes. It is a shame that we continue to ignore this dangerous trend as our healthcare system heads towards an impending disaster. (Mbanefo Chibuikwe, 2021)

## **2.6 POST COVID-19 Pandemic and Skilled Medical Brain Drain in Edo State**

A frustration with local or domestic socio-political situations is a significant contributing factor to what has been called brain drain. Prior to the pandemic, 88% (almost 9 in 10) of Edo doctors and about 50% of the State nurses considered seeking job opportunities abroad, unless their working conditions improved. Unfortunately, the pandemic further strained the already fragile Edo healthcare system, resulting in serious negative impacts on its workforce. (Ajimotokan, Olawale 2020) Edo is one among the highest Nigerian

workforce exporting State. This may not be unconnected to the state previous record of high human trafficking

According to the General Medical Council of the UK register, over three years preceding the pandemic (January 2017 – December 2019). The total number of doctors that left Nigeria to practice in the UK was about 2,000, with another 3,000 between January 2020 to September 2022, while many others were said to be writing international licensing exams such as Professional Linguistics Assessment Board (PLAB) exam and the United States Medical Licensing Exam (USMLE) to enable them travel. In addition, the Medical and Dental Consultants Association of Nigeria recently lamented that more than 100 medical consultants (specialists) and hundreds of junior doctors had left Nigeria for Saudi Arabia and others between 2020 to 2022. (Source Punch Newspaper 14 September 2021 page 14)

Major “push factors”, that government has failed to address includes, inadequate protection against COVID-19, insecurity, and lack of death gratuity in Edo State, in addition to pre-existing factors, like low wages and allowances (for example, monthly payment of hazard allowance of 5000 naira = US \$11), lack of career growth opportunities, poorly equipped health infrastructures, etc. are the key issues needed to be addressed. The incidence of morbidity and mortality continues to rise among health workers as they continue to be in direct contact with numerous infectious cases. Over a thousand Nigerian healthcare workers tested positive for the virus in less than a year with many mortalities. This is a stark reflection of the 4% of the federal government budget allocated to healthcare. A far cry from the minimum 15% of budgetary allocation agreed upon in the "2001 Abuja Declaration."

### **2.6.1 live zoom interview with Edo doctors in diaspora on brain drain**

Medical practitioner abroad, who participated in the zoom section, mentioned poor remuneration, as a sore point of health care practice in Edo State. This point of view was further amplified by Omoleke and Taleat (2017), “that poor Remuneration, was one of the burgeoning problems encountered in the healthcare sector. He said many of the consultants too were also not paid enough money and therefore ended up going the route of holding other positions to be able to make ends meet.” Participant who spoke about “the underpaid aspect stress that the healthcare practitioners in Nigeria were grossly underpaid. In addition, what makes it even more challenging is that even though in absolute terms doctors are not well paid, especially for those who work.” Participant expressed concern that the experience they have gained does not commensurate with salary being paid. Oshotse (2019) pointed out that migration happens from low and middle-income Countries (LMICs) to developed Countries known as high-income Countries for several reasons. (Live zoom interaction February 2023)

It has been opined that many healthcare practitioners who Leave Nigeria, leaves for the sake of better employment opportunities, earn higher wages, and secure the future of their family” Some Doctors described the assumptions that Medical Doctors have money and are well paid in Nigeria as false and misrepresentation. The emphasized that their remunerations were very, very poor. And so, you came to a point where you realized that if we did not go out of the country, you might find these difficulties in being able to, you know, be by yourself, you know, take care of yourself despite being a physician. (Live zoom interaction February 2023)

In research from Ofekeze (2020), “the rate of poverty in Nigeria as at the 2nd Quarter of 2020 is estimated at 27.1 % which invariable translates to the fact that at least 21.7 million Nigerians are as it stands, unemployed” (p. 579).

## **2.7 Causes of Brain Drain in Edo**

- **Unemployment/Low paying job**

One major trason for the high level of Brain Drain particularly skilled medical workers, is the need to secure a placement to enable them self-sustained. Absent of job availability has force them to seek employment elsewhere. As the Holy Bible put it, “seek help where it could be found”. However, Skilled Medical workers cannot find self-fulfilling jobs in Edo and the few jobs that are available are underpaid with poor condition of service.

### **Lack of financial security**

The weak economy of the country, forced government to regularly laid off workers, particularly in the health sector with an unbearable policies of government that are sometimes introduce to intimidate health workers from embarking on strikes despite their harsh working conditions. Thus, there is zeal to move out of the country.

### **Poor health care and facilities**

Flood and Gross (2014) reported that while Nigeria has a mixed private and public healthcare system, many people in Nigeria still do not have access to healthcare due to its “gross inequalities and nascent healthcare system” (p. 69). Furthermore, according to Adeloye etal. (2017), the healthcare sector lacks the training, policies, funding, and

employment for people who graduated with healthcare related degrees. According to Omoleke and Taleat (2017), Nigeria's Ministry of Health needs to formulate healthcare policies that are not only driven by the federal government but include input from other agencies and people that the policies will benefit. Omoleke and Taleat (2017) further stated that the policies that are currently in place are outdated and lack proper coordination. Furthermore, (Ogaboh e tal., 2020)

As Patrick Ochoga noted, biggest challenge in the Nigerian healthcare sector is the lack of policy formulation. Policies are drivers to understanding the process for each given task. For the healthcare sector of Nigeria to work, there is an urgent need for policy alignment inline with the healthcare indicators and the population.

Onwujekwe et al. (2020) revealed that corruption in the Nigeria health sector has been so entrenched, and has become a threat to the attainment United Nations mandated of sustainable development goals. These corruption, as identified by Onwujekwe et al. (2020) included bribery and informal payments for providing preferential treatment among others. Thus, these deficiencies in that has retarded growth in the health sector. The implication or byproduct of it is poor wages, healthcare disparities that has led to the death of innocent patient patients. Other major corrupt practice found within the healthcare sector was the cost-cutting tactic of purchasing fake or substandard drugs and medical equipment. These cost-cutting tactics employed by healthcare managers have resulted in the deaths of patients.

Health sector in Edo State and across Nigeria is a mess, Hospitals have become mere consulting clinics, characterized by low facilities and infrastructures. It is the lost trust in the health sector that has given rise to medical tourist.

Yet the healthcare is composed of the public and private sector. The public hospitals are owned by the Federal and State level and receive their funding from the government. The private hospitals on the other hand, as the name denotes, are wholly owned, and operated by private organizations or by a single entity such as a medical doctor. The poor administration of the government and lack of funding from the government has rendered state-owned hospitals almost underfunded to the point of extinction. The prevailing circumstances have made many of the healthcare practitioners unhappy and often strike due to these factors. Majority of the health workers have ended up working in other sectors where they can find solace

According to Ebieko (2017) “the Nigerian healthcare system is riddled with issues and stated that a number of limitations continue to plague the Nigerian health system. The constraints include inadequate healthcare infrastructure; the ratio of healthcare practitioners to patients is low, thereby causing long lines at the subpar facilities. The healthcare sector is also underfunded and therefore cannot function properly.

Abubakar et al. report that “as of 2018, the WHO ranks Nigeria at 187 out of 191 countries in world healthcare systems. Thus, there is therefor a pressing need to address the Nigeria's brain drain dilemma within the healthcare sector. He further pointed out that if care is not taken; soon enough there would not be a healthcare sector to deliver healthcare access and services to the constituents of Nigeria.” (Abubakar et al, 2018)

## **Bad leadership**

The Nigeria constitution gives an opportunity for a change of government every four years. It was expected that a failed system would be voted out for a more reliable one. However, experience has shown that the political leaders are the same without the political will to make the needed change for the benefit of the masses. They are quick in lamenting with the masses rather than bringing them out of lamentation. It is usually a continuity of a failed system. For example, Governor Godwin Obaseki of Edo State was the Economic adviser to former Governor Adams Oshiomhole. He supervised the failure of Oshiomhole Health disaster policies of commissioning a specialist Hospital in the State Capital without medical equipment. It took Governor Godwin Obaseki two years into his tenure to equipped the same Hospital he and his predecessor hurriedly commissioned. Leadership failure is a key factor that has encourages medical Brain Drain in Edo State.

Health care system continues to be in a state of pity because political leaders rather than tackling the challenges, are calling on the People wait for a miracle.

## **Unfavourable working conditions**

Skilled medical Health workers would be inspired and motivated to work if they work in safe and healthy environment where they will not have to worry about their health and welfare. It is the absent of these conducive working environment that is responsible emigration to developed countries to secure a better working conditions. life would be easier where one works in a good working environment with good infrastructures like a

clean and healthy environment, maintenance of working equipment, health of the workers and conducive working hours.

### **Corruption**

Corruption is in all sectors and in every office. People bribe themselves in and out of trouble, as getting justice has become a scarce commodity. Corruption has eating deep into governance such that developmental projects are now spread according to influence. Those engaged to police the corrupt officers have end up becoming more corrupt than those they were engage to supervised. It is this ugly trend that gave rise to the “ENDSARS SAGA”

During the ENDSARS SAGA, Edo was worse hit by crime rate and insecurity. Moving at night was a risk. Women and Girls were rape both in Churches and in public transportations. The State own ware House were palliative were kept was broken down and Prison break was the order of the day with all criminals escaping from the Sapele road prison making the criminal cases in the state to be worse. The Governor was helpless and overwhelmed by the rate of crime and instantly engaged many of those suspected to be bad eggs into the Edo State Valiantly security team which makes it possible for the so called bad boys to implicate themselves to fast track their arrest. Mosque, Churches and Courts were burn down and the wigs of Judges stolen.

Someone once aptly said that corruption is as old as organized human life. Corruption leaves a soured taste in the mouths and pollutes the environment. In all its ugliness corruption has cut short progressive growth and thrust forth daringness amongst individuals to amass wealth greedily in ways that will degenerate and impoverished

fellow citizens. We saw it happening during the Covid 19 peak period where resources meant for the poor was embezzled by the rich who do not need such fund.

While Nigerians were lamenting and battling with survival in the heat of the Covid-19 pandemic, corruption then went on to explode around Nigeria with frightening vigor, especially within the presidency. Politicians that were saddled with the task of distributive federal and state government palliatives and financial transfer betrayed public trust by embezzlement of such funds. For example, the national school feeding program that was launched by the federal government was restricted to only areas that were of interest to the political elite. No local government in Delta, Edo and many other South - South region benefited from the program. Rather than distributed the palliatives to the down trodden it became a source of empowerment to political crannies and girlfriends.

Corruption has become the cankerworm eating up, and further thwarting all efforts of government to positively elevate the Nigerian State to a higher pedestal both locally and globally. Nigeria as the largest political entity within Africa and the most populous black nation on earth, has the advantage of been able to turn its fortunes around simply by assuming the right attitude but personal interest above public good has stagnated the development of the nation in that regard.

Since corrupt practices involve the channeling of government's appropriated and allocated funds into personal use, at the expense of the public who supposed to benefit from such diverted funds, what then are the norms? Nigerians hardly celebrate men of integrity and sincere hard work. What we see is the glorification of men of power and might whose sources of wealth are questionable.

Government on its part is not spare, rather than productive usage of the nation's scarce resources within the period, the federal government embarked upon endless borrowing in the name of granting support to Nigerians yet these funds were not accounted for. It was on record that only one million Nigerians was the target of the presidential committee for financial assistance in a country of more than 206.1 million people. The disparity in the figure also shows that government has no meaningful plan for its citizen. Yet within the would be one million beneficiary, the resources also did not get to those for which it was meant hence the constant tension and public outcry within the period leading to increase rate of breaking and entry, arm robbery and other social ills due to government insensitivity to the pains of her citizenry.

### **High rate of poverty**

The high level crime across the state was accredited to the high level of poverty. Example, large population of the masses are living below one dollar per day in a country with high inflation with compounded by the recent fuel subsidy removal. Considering the opportunities outside the country, people notwithstanding the challenges of starting a new life in a new place, take their chances hoping it would be a ticket out of poverty.

### **Low education standard**

According to Aristotle, "Without education, what is a man? a splendid slave". This goes to show the humanizing role of education in any society. Despite the consciousness that education is the bedrock of any society, the educational system in the State is a mess. The State Universities are at their lowest ebb. In the light of the above, parents who desire

better education for their children naturally takes them out to a more developed and exposed environment to achieve their educational goals.

## **2.8 WHO's Code of Practice to Halt Brain Drain**

According to World Health Organization, 2010 63<sup>rd</sup> World Health Assembly reports, the medical emigration Code of Practice proposes that conditions for the recruitment of health personnel should be set out in bilateral agreements between source and destination countries, thereby creating win-win situations in the context of health workforce migration. The WHO Code also emphasizes, respects for the rights of individual health workers to migrate and therefore asks source countries to address the factors that drive the health worker's emigration. This is so because an individual right to seek opportunities elsewhere can conflict with the country's goals to secure the provision of health services of its people.

Recruiting doctors and nurses from a LMIC to serve the demand in HICs effectively creates a shortage in the country of origin, and hence contributes to worse health outcomes. Finding solutions to this problem therefore can occur only at the international level, as the problem's determinants often cross borders and governments. From a global health governance perspective, one of the most notable actions to tackle the health workforce crisis was formulated in 2010 during WHO's 63rd World Health Assembly.

The WHO's 63rd World Health Assembly report maintained that 'Global Code of Practice on the International Recruitment of Health Personnel' intends to serve as a policy framework for addressing the health workforce crisis at a global scale. It establishes a framework for the ethical recruitment of health personnel and guides its

member states in the development of national frameworks for ethical recruiting. These bilateral agreements could, for instance, foresee a reimbursement of the source country for every migrating doctor.

Improving health worker retention while at the same time respecting their individual rights can be achieved by improving working conditions in the donor country itself. In return, the destination countries are particularly asked by the Code to ensure adequate and context-specific long-term health workforce planning, focusing on capacity building of local professionals in order to decrease the pressure to ‘import’ health workers from elsewhere. Furthermore, destination countries are asked to support sending countries technically and financially to mitigate the current effects of migration of health personnel. (2010 WHO's 63rd World Health Assembly reports)

Despite the laudable initiative, it has not help in curtailing the deficiency in health care delivery in Edo State.

## **2.9 Impact of Covid-19 in Edo State vs Brain Drain**

Governor Godwin Obaseki of Edo State initiated the issue of online class teaching in Nigeria by providing ipads to Edo State teachers via his Edo BEST educational initiative. The action of the Governor was part of measures to cushion the effect of the COVID 19 in order not to collapse the educational sector. Many other State joined Edo State including the federal government by adopted the online method of teaching. The weakness of this method was that all parents were wrongly assumed to be of equal social status in providing the needed technology and data to remain online, without consideration of the inequality of economic and financial status of parents in affording

the means of providing such online facilities for their children. Why the rich and well to do in the society were able to catch up with the online teaching adopted by educational institutions in Edo State, the poor and vulnerable who could not afford such internet service were left behind to leak their wounds.

According to Governor Godwin Obaseki, supporting and sustaining a healthy population is one of the cardinal objectives of the administration in Edo State. The speed of the Edo State response to health emergency was tested with the outbreak of Covid-19. In addition, the Obaseki administration according to report was not found wanting. It responded to the outbreak of Covid-19 pandemic by promptly setting up necessary facilities and training frontline health workers to check its spread.

The reality of the coronavirus pandemic has a disastrous effect in Edo, like in the rest of the World that was characterized with the canceling of events, flights, and virtually everything that requires social, official, and religious gatherings. The impact of these measures aimed at reducing the spread of the virus affected the Nigeria economy negatively. The measures to reduce the spread crippled economies of some countries and collapse fragile economies.

The story was not different in Edo as the State economy faced collapse since it has depends on oil allocation from the federal government like other States. The shortfall in oil revenue, forced the federal government to embark upon rigorous borrowing leading to further slid in the economy. “Within the period under review, oil markets were on a downward trend as COVID-19 crippled demand for oil like other products. Fuel price fell

and recorded 18-year low trading at less than 22 dollars per barrel.” (Edo State monthly Bulletin December 2020)

According to Nathaniel Inegbedion (2020) in his article titled lockdown measures and fundamental Rights of Citizens, noted that the presidential order for a lockdown over a two-week period, effective from March 30<sup>th</sup> 2020 had more adverse effects on the economy as Workers in most private organizations were laid-off while the few that were left had their salaries slashed. Media houses were worse hit as a National Newspaper “PUNCH” laid off many of their staff as due to inability to generate fund to pay salaries. Hotels also counted their losses forcing them to lay off staffs, most of whom were breadwinners of their homes.

“Absent of money in circulation also affected the purchasing power of the public. The price of goods skyrocketed. Many essential products like water and food items doubled in price due to panic buying and hoarding as supplies cannot meet the demand. A loaf of bread which is for the common person, formerly sold between 300-350 Naira was sold for 400-450 Naira. A basket of tomatoes that was sold for 500-600 Naira before the coronavirus pandemic then ranges between 1,700 and 1,800 Naira. Likewise, a kilo of meat increased in cost from 1000 to 1,500 Naira on the average. A bag of pure water sachet that is essential in every home doubled in price from N100 naira to N150 to N200. Before the pandemic, the coronavirus epidemic, 100 ml of hand sanitizer that was sold at 350 Naira became 1000” (Special Report Democracy under lockdown 2020)

Other measures like social distancing also affected the cost of transportation. The cost of transportation increased. It became mandatory for public vehicles to reduce the number

of passengers carried at a time. The new measures made few commercial drivers plying the road to increased transportation cost to meet the shortfall of the limited numbers it conveys per time. Business owners especially small businesses that survive on daily sales, could no longer meet their daily family needs due to the lockdown that led to the closure of shops and businesses that do not provide essential services as directed by the presidential committee on Covid-19.

Beyond the business environment, some states like Adamawa, in the northern region of Nigeria issued a circular that they will not be able to pay salary due to small allocation from the federal government occasion by the downturn in the sale of crude oil. The same was the story in many other states across the federation. The effect of the pandemic was predicted to linger. When the nation was in total lockdown, the effect was more adverse in Edo State. Firms were shut, and this constrained their capacity to pay tax to the government. There is also a significant reduction in international trade following the closure of seaports and airports to curtail the spread of the pandemic. Ironically, the government's transfer payments have increased considerably, owing to the expenditure on palliatives by various governments across the globe to cushion the effect of the lockdown on citizens.

Members of the National and State Houses of Assembly were forced into recess to enable them return to their constituency to distribute palliative to their community. Unfortunately, the Covid period when palliative were being distributed also collided with the 2020 October 1st Independence Day celebration in Nigeria when the Nigeria Youth took over the street to protest against the molestation of the Nigeria Police #ENDSARS#.

The #endsars# project became a life of his own leading to more economy woes across the nation.

Many government institutions were set ablaze while judges and magistrates were chase out of the courts room. The Nigeria economy face it worse triple tragedy within the period. Ethnic agitation and call for secession already had its negative impact in the Nigeria economy as at then before the #endsars# and the ravaging Covid-19 Pandemic. The Edo economy was also been crippled by external factors too as the coronavirus pandemic resulted in a near-total shutdown of economic activity.

The Edo State Government trained over 4,200 health workers and provided them with life hazard allowances insurance ranging from 90,000 to 300,000. Government acquired five PCR Machines; 10,000 Viral Transport Medium (TVM), 28 Ventilators, Mobile X-RAY machines and Oxygen concentrators. They constructed over 300-bed capacity isolation Centre across the State, with a 42- bed intensive care unit (ICU) and 156 –bed holding facility at Stella Obasanjo Hospital, 48 –bed ICU equipped isolation center at UBTH and other facility at Irrua Specialist Teaching Hospital, Auchi General Hospital and Ogbe Nursing home . (Edo State monthly Bullettin December 2020)

According to TELL Magazine and the Edo State Covid-19 reports as published in September 2020, “Eighteen Covid-19 screening centers were set up in the State, with five at the borders with Ondo in Akoko- Edo local government, Kogi in Etsako East local government, Delta State boundary area with nine mobile screening centers. More than 5000,000 people were screened for Covid-19 while nearly 10,000 people were tested across the State. “

During the period under review, the Edo State medical centers were greatly under staff due to absent of medical skilled workers and practitioners occasioned by the high level brain drain which the Governor earlier raised alarm about. The continuous lamentation of Governor Godwin Obaseki over the mass exodus of skilled medical and Health workers in Edo State shows that Edo was worse hit in the post Covid -19 Brain Drain as currently evidence in the shortage of skilled medical and Health workers across State own medical centres in the State. (TELL Magazin Edo State official Covid -19 report as published September 17th 2020).

## **2. 10 Post-Covid-19: Governor Obaseki Confirm Brain Drain in Edo Health Sector**

During a meeting with members of the Association of Nigeria physicians in the Americas (ANPA) at the New Festival Hall, Edo Government House in 2020, Gov. Godwin Obaseki decried post-COVID-19 brain drain in Edo's health sector. He said "the brain drain among healthcare professional is affecting the delivery of healthcare services in the State and in Nigeria"

The Governor's lamentation which was in Nation newspaper reads "Post-COVID-19, the world has changed particularly in healthcare system. "The pressure COVID-19 has put on our healthcare system is unimaginable, the amount of brain drain in our healthcare system is frightening. "This mission is one response to this brain drain crisis Healthcare is all about the people and we are blessed as a state as we have many health professionals and we are happy for the partnership." Earlier the President of ANPA, Dr. Christopher Okunseri, said it would go on advocacy mission to the National Assembly for an increase

in Healthcare budget for Nigeria, he also said it would be focusing on reversing brain drain to brain gain. (Nation Newspaper on Apr 25, 2022).

## **2.11 Acute Brain Drain in Health Sector Worrisome, Says Oba of Benin**

Apart from Government, traditional institutions have also decried the effect of massive brain drains in Edo State the heart beat of the nation. It is no more gain saying the fact that Edo State is the worse hit on issue of Medical Brain Drain due to the abysmal policies of successive administration in the State.

In Observer Newspaper 18 March, (2022) the Oba of Benin, His Royal Majesty, Oba Ewuare II declared that the brain drain in Nigeria's health sector was worrisome. Oba Ewuare made this declaration, when the Management of University of Benin Teaching Hospital (UBTH) paid him a courtesy visit in his palace in Benin City. He said if the push and pull factors behind the menace were not urgently addressed, it could get to a freezing point whereby universal health coverage – access to quality health services – would become a mirage.”

The traditional rule maintained that, “there is something that is of great concern to us. Most medical personnel are leaving this country in droves, especially the best brains amongst you” (Observer Newspaper 18 March, 2022) “Most of the highly trained people have gone to Saudi Arabia, Dubai and other Countries abroad. I expect you to talk about the causes and how these trends can be reversed. Let us know if we can be of assistance the Oba said.

“Why are our doctors after acquiring the necessary training here (Nigeria), leave? And we are watching. They (health workers) are complaining that they are not well paid and that there are poor conditions of service”, Oba Ewuare II queried. The Benin monarch enjoined health workers to be patriotic. He however pledged his support for the management team of UBTH, ahead of its golden jubilee Celebration. Oba Ewuare II, prayed for the management of the hospital for wisdom in piloting the affairs and industrial harmony.

But the traditional ruler wondered why its Chief Medical Director, Prof. Darlington Obaseki who gave account of his stewardship over the past five years spoke as if everything was fine with the institution. Continuing, the Oba queried, “You spoke as if everything is well in UBTH and like you do not need help. So, why are your people leaving? “I understand that incessant strikes are no longer frequent. We thank God and our ancestors. We have not also recorded cases of kidnappings of health workers and staff. We thank God for them,” he declared. Observer Newspaper 18 March, 2022)

## **2.12 Immigration of Nurses, Midwives who moved to UK**

According to Nursing and Midwifery Council (NMC) report, Licensed Nigerian-trained nurses and midwives numbering about 3,383 moved to the United Kingdom in one year. The regulator body for nursing and midwifery in the UK also maintains a register of all nurses, midwives, and nursing associates eligible to practice in the UK. (NMC 2023 report)

The WHO on March 8, 2023, mention Nigeria among other countries facing the most pressing health workforce challenges that is related to universal health coverage.

According to the WHO reports, “with the impact of Covid-19 and widespread disruptions to health services, health workers in Nigeria will continued to seek better-paid opportunities in wealthier nations. The WHO said of the 55 countries, 37 are in Africa, eight are in the Western Pacific region, six are in the Eastern Mediterranean region, three are in South-East Asia and one is in the Americas. This was followed by the UK government report in March, which places Nigeria and other countries on the red list among countries that should not be actively targeted for recruitment by health and social care employers. **(WHO reports 2023)**

The high level of brain drain in Nigeria is not in doubt given the NMC report, which showed an increase in the number of nurses, midwives and nursing associates registered to practice in the UK to have risen to 788,638. The year 2022 to 2023 saw the highest number of new joiners to the register in a single year – more than 52,000. The report read in part, “76.8 per cent of internationally educated professionals (educated outside the UK and EU/EEA) (104,506 out of 136,116) are from India, the Philippines and Nigeria. In 2022–2023, the number of people educated in India overtook the number of professionals from the Philippines.”

The graphical analysis by the council on the number of Nigerian nurses and midwives that moved to the UK in 2018 was 2,796, but the number increased to 3,021 in 2019. It further showed that by 2020, 3,684 Nigerian nurses and midwives were already practicing in the UK, and that the number increased to 4,310 in 2021, and 7,256 in 2022. By March 31, 2023, the number of Nigerian nurses and midwives practicing in the UK is now 10,639. Also, the number of nurses and midwives from the Philippines in the UK is now 45,472, while the number of nurses and midwives from India practicing in the UK is

now 48,395. Earlier in May, the President, National Association of Nigeria Nurses and Midwives, Michael Nnachi, said over 75,000 nurses and midwives left the country in five years to seek greener pastures as a result of poor wages and lack of decent work environment. (Guardian Newspaper 2023)

Shortage of medical work force due to brain drain is traceable to the unhealthy work environment characterized by kidnapping of medical practitioners for ransom and violence against health workers while discharging their duties. These have served as a justification for the mass exodus. As noted by the Nigeria Medical Association, added issues of poor wages and lack of decent work environment, as other factors that has led to over 75,000 nurses and midwives migrated from Nigeria within five years. The health implication of this mass exodus is that certain areas of specialization and geographic region, the increased rates of attrition and a chronic shortage of nursing personnel in the country increased workloads on nurses without an equivalent compensation, exposing them to more health hazards and compromising the quality of healthcare delivery.”

### **National Association of Resident Doctors Lam. entation and Frustration**

The constant frustration face by the National Association of Resident Doctors in Nigeria is a sufficient reason for medical brain drain in Nigeria. doctors cannot continue to take care of the health of others when their own health and welfare are ignored. One of the consequences of this resulted in a loss of 128 working days between 2016 and 2023, which implied that resident doctors spent about four months on industrial action under the administration of former President Muhammadu Buhari to press home their demands.

The strikes were a result of the government's failure to meet the demands of the doctors over the years (Nation Newspaper April 2023)

According to online report in the Nation Newspaper, the researcher discovered that under the leadership of Dr. Muhammad Askira, the National Association of Resident Doctors NARD embarked on an 18-day strike in 2016. The medical professionals listed some of the reason for embarking on strike to include payments of salaries and appropriate placement of members in states and federal tertiary hospitals across the nation. Others were the reversal of sacked members in some hospitals as well as appropriate funding of the residency-training programme.

In 2017, under the leadership of Dr John Onyebueze, resident doctors went on at least 21 days of nationwide strike due to the failure of the government to resolve the salary shortfall of 2016 and January to May 2017 among others.

In 2020, the doctors went on a one-week strike amid the Covid-19 pandemic. The doctors requested for the provision of personal protective equipment for all health workers, immediate reversal of the disengagement of 26 resident doctors in Jos University Teaching Hospital and the payment of all salaries owed them, in keeping with provisions of the Medical Residency Training Act; among others.

The association embarked on another strike from September 7 to 10, 2020, to press home its demands.

NARD went on strike on April 1, 2021. The strike was suspended on April 10 due to the intervention of the Speaker of the House of Representatives, Femi Gbajabamila.

Another strike by the association began on August 2, 2021, and was suspended after 64 days. Some of the demands made by NARD were the immediate salary payment to all house officers and an upward review of the hazard allowance to 50 per cent of consolidated salaries of all health workers, among others.

NARD ended its five-day warning strike on May 22, the latest by the union. It, however, said it would review the Federal Government's commitment to resolving its concerns on June 2, 2023.

The doctors are demanding an immediate increment in the Consolidated Medical Salary Structure to the tune of 200 per cent of the current gross salaries of doctors.

The doctors also want immediate massive recruitment of clinical staff in the hospitals and the immediate withdrawal of the bill seeking to compel medical and dental graduates to render five-year compulsory services in Nigeria before being granted full licence to practise, among others. (Saturday PUNCH, May 2023)

### **2.13 Stemming the Tide, The Role of Nigeria Legislature and UK Government.**

To curb brain drain in the health sector, the National Assembly has hinted plans to enact a law that will define a period for consultants to serve the country before going overseas to practice. This was disclosed in Port Harcourt, Rivers State, during an oversight

exercise by House of Representatives Committee on Health Institutions at the University Port Harcourt Teaching Hospital (UPTH).

Giving a background to the law, Chairman of the Committee, Paschal Chigoziem-Obi, noted that the bill would mandate consultants to serve the country for a period to give back to the system before leaving the country for greener pasture. Although he admitted that the bill might not be the best measure to curb brain drain, he noted that it is one of the ways to stop the trend. He added that the current economic realities thwarted government's efforts to give doctors better welfare, blaming the constant devaluation of the naira as the immediate cause of the exodus by doctors to other climes.

“He lamented that Consultants are trained with tax-payers’ money here almost 100 per cent free of charge, and when they qualify as consultants, they become hot cakes and marketable, to the extent that they cannot even put in one, two or four years to show appreciation to the country that spent money to make become consultants.” “The government is doing so much. It is not something that will end in one day. It is a continuous process. Governments have been increasing salaries and the condition of living gets worst. The major problem is the rate at which the naira gets devalued. So the salary that was sufficient a few years ago is no longer enough. But our medical practitioners should start showing understanding and patriotism to this nation,” he explained. According to the Chief Medical Director (CMD) of UPTH, Prof. Henry Ugboma, brain drain is a problem, but the most challenging is electricity. The hospital, he disclosed, pays N20 million as electricity bill and spends over N60 million on diesel monthly. (Guardian Newspaper 30 August 2022)

UK envoy Laing while confirming the role of UK in the high level of Brain Drain in Nigeria and how to halt Brain Drain in the Health sector she said “We have a labour shortage in the UK at the moment. But we have to balance that because we do not also want to be responsible for a massive brain drain from Nigeria because you also need talented people,” Laing said. “So the health sector is an example where there are a lot of Nigerian medics, both nurses and doctors, in the National Health Service.”She, however, expressed her delight that the UK had become an attractive destination for Nigerians, especially students, adding that the UK was ready to welcome talent.

“You know, there are obviously people of Nigerian origin in the UK. So, people like to go where they have family or where they have friends.”Secondly, the English language makes it a lot easier. “Thirdly is the education and people who have studied will want to return? And I think you know, we are a welcoming country, and we want to welcome talents, whether its people coming to study or people coming to work the UK envoy said”.  
(News Agency of Nigeria 2023)

Speaking on the efforts of the federal government in combating Brain Drain, the Minister of Health, Dr. Osagie Ehanire, on the 5th of February 2023 at the 2023 Annual Conference and General Meeting of the Healthcare Federation of Nigeria (HFN) in Lagos, Ehanire disclosed that plans were on to get medical and health professionals who have travelled abroad to visit home to work temporarily, or teach and train home-based doctors and nurses before returning back. He said “Senior doctors are the ones leaving. Very few junior doctors are leaving. There is something we are doing called ‘One for One’ replacement. This entails the replacement of a doctor immediately he leaves. In the past, it was abused as departing doctors replaced themselves with relatives or others that added

no value to the system. So, the ‘One for One’ ensures that it is strictly the same profession. And we have warned all medical directors to comply.”(Agency Report 8 February 2023)

He added that there were many competing needs that the government is paying attention to and that is why health sector is failing in terms of infrastructure, stressing: “Money needs to go into roads, electricity, transportation, water, security, and Nigerians don’t like to pay tax, whether individual or corporate

#### **2.14 Doctors Plan Court Action As National Assembly sponsor Bill To Stop Doctors From Travelling Abroad. Uk Government Suspends Recruitment of Doctors, Nurses, Other Health Workers from Nigeria.**

As the National Assembly make efforts in finding lasting solution to the high level Brain Drain in Nigeria, the Nigeria Medical Association and other affiliated body has vowed to stop the move of the National Assembly in court. They describing the action as of the Legislature as demonic and witch-hunting urging them to direct their energy in building medical infrastructure in Nigeria and stop seeking medical care abroad. Below is a comprehensive report from Vanguard Newspaper on the war of words between the lawmakers and the medical Association.

#### **Bill to curb doctors’ brain-drain: Doctors plan court action, lawyers back them**

Bill dead on arrival – NMA

- An attempt at modern day slavery – NARD

- It's unreasonable, can't achieve anything —Top lawyers

There is trouble in the House of Health in Nigeria. The Nigerian health scene is in turmoil. Medical doctors are angry, they are complaining loudly and are spoiling for a showdown. Their grouse is against a proposed Bill before the House of Representatives to amend the Medical and Dental Council of Nigeria (MDCN) Act.

The bill in question seeks to deny Nigeria-trained medical or dental practitioners from being granted full licences until they have worked for a minimum of five years in the country.

The doctors' counterparts in the legal profession, the lawyers, have also condemned the bill wondering if our representatives in the House were not legislating on forced labour by the proposed Bill. The lawyers described the proposed Bill as not only contradictory but discriminatory and self-defeating which would not achieve anything.

A Lagos lawmaker, Ganiyu Johnson, representing Oshodi Isolo II Federal Constituency in the House of Representatives, sponsored the bill titled "A Bill for an Act to Amend the Medical and Dental Practitioners Act, Cap. M379, Laws of the Federation of Nigeria, 2004 to mandate any Nigeria-trained medical or dental practitioner to practice in Nigeria for a minimum of five years before being

granted a full licence by the Council in order to make quality health services available to Nigerians; and for related matters (H B.2130).”

Saturday Vanguard gathered that the bill which is part of the measures to halt the increasing brain drain in the nation’s health system by doctors in search of greener pastures was met with mixed feelings even from within the Green Chamber. The argument was that the doctors who enjoyed taxpayer subsidies on their training should give back to society by working for a minimum number of years in Nigeria before exporting their skills abroad. While many lawmakers supported the bill, others opposed it and called for more flexible options. But a majority voice vote passed the bill for second reading. (Comprehensive report from Vanguard Newspaper March 2023)

This development has been met by a deluge of responses from medical doctors, their professional associations, affiliate groups, and several Nigerians at home and abroad.

These responses are not unexpected because the spate of brain drain in the health sector has been on the rise over the years. In fact, over the past eight years, an estimated 13,609 Nigerian doctors have migrated to the UK alone. The figure is third behind Pakistan and India. Worse still, the Nigerian doctor-to-patient ratio is at one doctor to 5,000 patients, which is far beyond the World Health Organisation’s recommended ratio of one doctor to 600 patients.

## **Bill is dead on arrival – Dr Uche Ojinmah, President, NMA**

Regretting the development, the Nigerian Medical Association, the umbrella body for medical doctors in Nigeria, vowed to challenge the bill in court and warned of an imminent showdown with the government. “The bi

ll is dead on arrival. It is a misplaced priority for lawmakers. We will go to court; we will test it in court,” the NMA President, Dr. Uche Ojinmah asserted. Urging the National Assembly to address the challenges of doctors that include poor remuneration, insecurity and lack of job satisfaction which are among the reasons doctors leave Nigeria, he said the logic being presented in support of the bill does not make sense.

His words: “I’m totally upset with what I heard. Nobody will force doctors to remain in Nigeria. It is a very wrong step and can never work. The suggested policy is discriminatory. Many qualified doctors remain unemployed in Nigeria, regardless of the brain drain in the health sector. If it requires going on industrial action to stop it, we will do it, and nothing will happen. The Federal government should not attempt to cut the head off in order to cure a headache, jobs and good remuneration should be given to the legion of doctors still seeking employment in the country. (Comprehensive report from Vanguard Newspaper March 2023)

“Even based on the fact that doctors are leaving, some are still not employed and there is a story of one-for-one policy that they will start replacing those that leave

immediately. When you talk of rural areas, you may be talking about one to 9,000. When you talk of these areas where there is banditry and terrorism, it may be one in 20,000 or more.

“If everybody is being subsidised, you cannot in a discriminatory manner go down to a few people. All that we have come to realise is that doctors are important just like other healthcare workers and the solution is to make a man that is important feel that he belongs to you.

“The pull factors are those things that are outside that are making them go which is not within our control while the push factors are the things within our control that are pushing them out of Nigeria.

“The first push factor is poverty. A newly trained doctor [abroad] is earning about £40,000 (about N22 million at the official exchange rate) per annum while our own is earning about N3 million to N3.6 million per annum. A fresh doctor in Nigeria earns in a year what a fresh doctor in the UK earns in a month.”

The NMA President then complained of a number of vices militating against doctors in Nigeria saying there was no equipment for doctors to work with in most hospitals in Nigeria. (Comprehensive report from Vanguard Newspaper March 2023)

**It is an attempt at modern-day enslavement —NARD**

In its own reaction, the Nigerian Association of Resident Doctors, NARD, observed with “shock and disappointment”, what it described as “the infuriating attempts by the Federal House of Representatives to enslave Nigerian-trained medical doctors for five years post-graduation before they can be issued full practicing licenses or allowed to travel abroad if they so wished”. At the end of an emergency meeting of the extended National Officers’ Committee, NOC, of the NARD, it admonished the Reps over what it described as its “obnoxious bill” which it said was a clear definition of modern-day slavery and not in keeping with anything civil and so should be thrown away at this point.

Although the house agreed on the palpable dangers of the current menace of brain drain in the health sector and promised to work with the Government to reverse the trend when the Government is ready to come up with genuine solutions to the problem, the NARD was emphatic that any attempt by the government or any of her agencies to enslave Nigerian medical doctors under any guise would be strongly and vehemently resisted.

**Proposed bill is illegal – Prof Oladapo Ashiru, President, AMSN**

The President of the Academy of Medicine Specialties of Nigeria, AMSN, Prof Oladapo Ashiru remarked that creating a law to address just one group of workers is an exercise in futility. Ashiru, who is also President, the Africa Reproductive Care Society, described the proposed bill as illegal. (Comprehensive report from Vanguard Newspaper March 2023)

“You cannot make a law that violates fundamental human rights. The law that the Reps are trying to make is illegal, and you cannot make a law to justify illegality. Nigeria cannot say that it is going to create a law to address just one group of workers, it cannot work. There are several issues that have to be considered, if we look at the salaries of all workers in the country, it has been depreciated on a yearly basis by the devaluation of the naira. Government has to ensure that this does not happen.”

Ashiru argued that the naira adjustment has devalued the naira, thus making salaries not to be competitive for doctors, nurses, pharmacists, all health workers, and everyone else.

According to him,” The government should first create an enabling environment for doctors to remain in Nigeria. Take, for example, Canada and America; they make sure that their salaries are competitive so they cannot lose their medical staff to each other. They should look at the productive sectors of the economy of the country and the service sector too. But if we look at the wages in this country, we

see that the groups taking the chunk of the money are administrative and the legislative. There is a reversal there, and it requires that government would have a comprehensive look at the strategic balancing of remuneration

When I became a professor in 1983, my salary was about the equivalent of almost 2,000 pounds a month. It was in naira, but with that salary, I could buy myself a first-class ticket to go with my wife on vacation. Now, if you are to go to London today, even with a salary of about N500,000, it would not buy a flight ticket which is about \$250 as of today. This is why people have to go to where they will be comfortable.”

Ashiru explained that the Academy of Medical Specialties has set up a committee to look into the issue and would make recommendations to the government in due course.

“But this still requires that the country sets up a proper group of people to look at this and compare with the rest of the world and make sure that the salaries of those productive economies and existential service economy are competitive”, he said

On curbing brain drain, Ashiru argued that the first thing to be looked at is the salary structure. Source ( Vanguard Newspaper Online 15<sup>th</sup> April, 2023 )

According to him, “The drains on our reserves are the national and state assemblies, the executive arm and the legislative arm. Nigeria is relatively poor, yet our legislators are the highest paid globally for doing what exactly and they want to make this kind of law? It is clear that the reps should look at themselves first, they should start from the top.

“In America, if you are getting something, you have to generate something. That is the law. What funds have these people generated? How much have they saved the country? They are consuming the resources that we are working for. So, we have to look at how doctors are well paid in Saudi Arabia and the UAE, which are oil-producing countries like Nigeria. Why is our own different?

“Training of doctors in Nigeria is subsidised by the government, correct? So, if the government has subsidized their training it is not out of place, the health sector in a place like Britain is heavily subsidised, even in America, the training of doctors is subsidised if you are an American citizen, it is the same thing in Saudi, it is not only in Nigeria that training is subsidised”.

Debunking the relevance of the claim that the training of doctors was being subsidised, Ashiru said, “if you are an American citizen, what you pay to be trained is less than what a non-citizen would pay, there is a lot of ignorance going on and there is no sin greater than ignorance. There is a deliberate effort by the foreign government to promote brain drain.

There is an external factor trying to capture and poach on our trained experts from Nigeria to go to their own country to work and they are paying them peanuts. They go to Britain and let them do the lowest of work, go to America. But we should value our own. In 1979 when I finished my postgraduate, they were asking me to stay behind, but I was ready to come back, because I knew that over here, I would be paid good salary that I could live on. And that was the story until 1983-1984. By 1984 when we got the Structural Adjustment Programme (SAP) and devalued our currency, that was the beginning of our problem”. Source ( Vanguard Newspaper Online 15<sup>th</sup> April, 2023 )

**Declare national emergency in health sector – Dr Kayode Adesola,  
President ANPMP**

The Association of Nigerian Private Medical Practitioners, ANPMP, has however called for a declaration of a national emergency in the nation’s health sector in view of the proposed compulsory five-year service by the House of Representatives. The National President of the Association, Dr Kayode Adesola, said declaring an emergency in the health sector would assist in proffering sustainable solutions to attrition of health workers, improve healthcare facilities, and reduce disease burden.

Noting that the proposed bill was ill-conceived and would not tackle brain drain, which is multifaceted and requires a more comprehensive approach to tackle it,

Adesola said the bill would worsen the brain drain in the country because medical doctors do not need Nigerian licences to practice in other countries.

“We have teaching hospitals, general hospitals and primary healthcare centres that are dilapidated with outdated equipment. Political leaders are seeking medical treatment abroad while the citizens are left to suffer in a country that has one of the best doctors in the world. Before, it was the young doctors leaving, but now, the consultants are leaving.

Many health workers left because of insecurity, not just poor remuneration or poor working conditions,” he stated.

**Source ( Vanguard Newspaper Online 15<sup>th</sup> April, 2023 )**

**Bill to stop Nigerian doctors from traveling abroad unconstitutional – Mahmud**

Human rights activist and constitutional lawyer, Abdul Mahmud, has knocked back the Bill aimed at barring Nigerian-trained medical and dental practitioners from travelling to foreign countries, describing it as “unconstitutional” and “discriminatory.” (ikengaonline.com 7 April, 2023)

The Bill, which passed for second reading on Thursday is sponsored by a member representing Oshodi Isolo II Federal Constituency in the House of Representatives, Ganiyu Abiodun Johnson.

It was titled, “A Bill for an Act to Amend the Medical and Dental Practitioners Act, Cap. M379, Laws of the Federation of Nigeria, 2004 to mandate any Nigeria-trained Medical

or Dental Practitioner to Practise in Nigeria for a Minimum of Five (5) before being granted a full licence by the Council in order to make Quality health Services available to Nigeria; and for Related Matters (HB.2130).”

The Bill according to its sponsor, Hon. Johnson, was proposed as part of effort to reduce the increasing number of doctors leaving Nigeria in search of better opportunities abroad.

He argued that it was fair for medical practitioners who had benefited from taxpayer subsidies to undergo mandatory service for a minimum number of years in Nigeria before taking their skills abroad.

But the former President of National Association of Nigerian Students (NANS) and human rights lawyer, Abdul Mahmud has objected to the bill, describing it as unconstitutional.

According to the rights activist, the bill seeks to not only compel doctors into a dehumanising arrangement but also violates their rights to dignity.

“Firstly, that the Bill is unconstitutional as it seeks not only to compel doctors into an arrangement that dehumanises them but also violates their right to dignity. Section 34 (1)(c) of the Constitution 1999 proscribes forced and or compulsory labour. To impose a five years rule on doctors is to compel them into an arrangement that’s akin to forced or compulsory labour.

“Secondly, It is also my view that the Bill is discriminatory as it singles out the medical profession. And it is against Section 42(1) (a) and (b) of the Constitution 1999,” he said.

The Lawyer further said the Bill was unnecessary as what it seeks has been addressed already by an existing law.

“Finally, the Bill is superfluous as it seeks to address something an existing legislation has already addressed.

“Sections 24, 36, 37, 38, 38 and 40 of the Labour Act, Laws of the Federation of Nigeria 2004 already granted power to the National Council of Ministers to issue permit to Nigerians who are desirous to work overseas. The National Assembly cannot restrict trade and labour in the age of the regional and international labour conventions on the freedom of employment contract. It is ridiculous, Mahmud fumed. Sources (ikengaonline.com 7<sup>th</sup> April, 2023)

He, however, said doctors and medical students can either challenge the Bill in court as “restrictive and discriminatory,” or appear at the public hearing of the Bill and oppose it. Sources (ikengaonline.com 7<sup>th</sup> April, 2023)

### **Uk suspends Recrutement of Doctors, Nurses other health workers from Nigeria, others.**

The United Kingdom has placed Nigeria on the red list of countries that should not be actively targeted for recruitment by health and social care employers.

This is coming one month after the World Health Organization listed 55 countries, including Nigeria facing the most pressing health workforce challenges related to Universal Health Coverage. Source ( The PUNCH Newspaper 10th April, 2023)

The United Kingdom Government said Nigeria and other countries on the red list should not be actively targeted for recruitment by health and social care employers unless there was a government-to-government agreement.

According to the information obtained from the website of the UK government titled ‘Code of Practice for the international recruitment of Health and social care personnel in England,’ it said country identification follows the methodology contained in the 10-year review of relevance and effectiveness of the WHO global code of practice on the International Recruitment of Health Personnel.

“Consistent with the WHO Global Code of Practice principles and articles, and as explicitly called for by the WHO Global Code of Practice 10-year review, the listed countries should be prioritised for health personnel development and health system-related support, provided with safeguards that discourage active international recruitment of health personnel.

Countries on the list should not be actively targeted for recruitment by health and social care employers, recruitment organizations, agencies, collaborations, or contracting bodies unless there is a government-to-government agreement in place to allow managed recruitment undertaken strictly in compliance with the terms of that agreement.

“Countries on the WHO Health Workforce Support and Safeguards list are graded red in the code. If a government-to-government agreement is put in place between a partner country, which restricts recruiting organizations to the terms of the agreement, the country is added to the amber list.”

It said if a country was not on the red or amber list, then it is green.

The amber countries where international recruitment is only permitted in compliance with the terms of the government-to-government agreement are Kenya and Nepal.

It added that active recruitment is permitted from green-graded countries where there is a government-to-government agreement with the UK in place for international health and care workforce recruitment. Source ( The PUNCH Newspaper 10th April, 2023)

“Green-graded countries without a government-to-government agreement with the UK are not published in the code of practice for England.

“The government-to-government agreement may set parameters, implemented by the country of origin, for how UK employers, contracting bodies, recruitment organizations, agencies, and collaborations recruit. These organizations are encouraged to recruit on the terms of the government-to-government agreement.

“The green country list will be updated as new government-to-government agreements are signed with the UK. It is recommended employers, contracting bodies, recruitment organizations, agencies, and collaborations regularly check the list for updates prior to embarking on any recruitment campaign.

“Green-graded countries with a government-to-government agreement for managing international health and care workforce recruitment are India, Malaysia, Philippines, and Sri Lanka,” it added.

Source ( The PUNCH Newspaper 10th April, 2023)

## **2.15 Uk Restriction Cannot Stop Doctors' Migration -----Nigeria Medical Association-----UK restriction can't stop doctors' migration, say NMA, NARD**

According to Punch Newspaper Report, Medical bodies in the countries have said the United Kingdom government's code of practice for the international recruitment of health and social care personnel will not stop Nigerian doctors from migrating to other countries.

According to them, the UK can only define its terms as freedom of movement is a fundamental right. (PUNCH Newspaper online 11<sup>th</sup> April, 2023)

The Nigerian Medical Association and the Nigerian Association of Resident Doctors were reacting to the UK code of practice, which listed Nigeria among 54 other countries where health workers should not be actively recruited.

The UK explained that the 54 countries were those the World Health Organisation recognised as having most pressing health and care workforce-related challenges.

The UK code read in part, "Countries on the list should not be actively targeted for recruitment by health and social care employers, recruitment organizations, agencies, collaborations, or contracting bodies unless there is a government-to-government agreement in place to allow managed recruitment undertaken strictly in compliance with the terms of that agreement.

"Countries on the WHO Health Workforce Support and Safeguards list are graded red in the code. If a government-to-government agreement is put in place between a partner country, which restricts recruiting organizations to the terms of the agreement, the country is added to the amber list."

Reacting to the restriction, the NMA President, Dr Uche Ojinmah, in an interview with The PUNCH said Nigerian doctors migrate to other countries because they are poorly treated by the government.

I don't actually begrudge the UK for recruiting Nigerian doctors because it's the poor treatment they are getting from Nigeria that's pushing them away. If the Nigerian government and people place a premium on Nigerians, they obviously won't migrate.

“It is okay that the UK is placing us on the lower rungs for recruitment but what about the United States of America, Canada, Grenada, Kingdom of Saudi Arabia, Oman, Qatar, Kuwait, South Africa, Germany, etc?”

Nobody can take away the freedom of movement; it's a fundamental right. They can only define the terms,” Ojinmah said.

Also, the President of the Nigerian Association of Resident Doctors, Dr Emeka Orji, said doctors can go to other countries to practise the profession.

Orji said, “The truth is that it is not only the UK that Nigerian health workers go to and even with this list, it only means that they will not only be headhunting our health workers. So, that doesn't mean people can't apply to work in the UK.”

The NMA president also said the restriction might not be unconnected with the Federal Government's move to curb the brain drain in the country.

“I know that last year, the MDCN Registrar went to the GMC and the report we got that time was that they discussed how to mitigate the effect of brain drain in Nigeria.

This is purely speculative but we believe this was part of what was discussed. We can't confirm that but it is possible," Ojinmah added.

Some officials of the Medical and Dental Council of Nigeria had, in October 2022, visited the General Medical Council Office in Manchester, UK.

The officials of the MDCN on the visit were its Chairman, Prof Abba Waziri; Registrar, Dr Tajudeen Sanusi, and the Head of Department, Registration, Dr Henry Okwukenye.

The General Medical Council is a public body that maintains the official register of medical practitioners within the United Kingdom.

Parts of the tweet on MDCN's Twitter handle @MDCNOfficial on the GMC's visit read, "We had a lot of useful discussions amongst which is the possibility of the UK government to repatriate some funds in line with global health initiatives from Nigerian doctors who were trained with tax payers' funds.

"Discussion around stemming the tide of brain drain also took place."

The restriction by the UK comes amid a bill in the House of Representatives seeking to impose a five-year compulsory service on doctors as a condition to grant them full practice licence upon graduation.

The NARD's President added that, "It's possible the Nigerian government pushed for this (the restriction) but we have not seen any official release to that effect." He called on the Federal Government to improve the working condition of health workers and fund the health sector in order to discourage migration.

He explained, “The government is now complaining that there is a brain drain but we have always known this and we have been talking about it. What is now expected is that government should increase the production capacity so that even when these foreign countries come for the doctors, nurses, and other health workers, you will turn it to an advantage, improve on training, infrastructure, improve your personnel and fund health, so that you will not be complaining to foreign countries to stop encroaching on your medical workforce. What you should be doing is encouraging it as long as you have enough. That is what India did.”

The PUNCH reports that there are currently 11,055 Nigerian-trained doctors in the UK, based on statistics obtained from the GMC. (PUNCH Newspaper online 11<sup>th</sup> April, 2023)

Nigeria has the third highest number of foreign doctors working in the UK after India, and Pakistan.

Apart from Nigeria, some other countries placed by the UK on the red list of ‘No active recruitment’ are Afghanistan, Angola, Bangladesh, Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Comoros, Congo, Democratic Republic of Congo, Côte d’Ivoire, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, Gabon, The Gambia, Ghana, Guinea, Guinea-Bissau, Haiti, Kiribati, Lao People’s Democratic Republic, Lesotho, Liberia.

(PUNCH Newspaper online 11<sup>th</sup> April, 2023)

## **2.16 Way forward to Brain Drain**

In 2003, the WHO global health workforce alliance had a meeting with the commonwealth of health ministers. The global health workforce alliance was tasked with developing and implementing best practices in human resource retention of healthcare practitioners that are leaving developing countries for developed countries. In the resolution, the global health workforce alliance created the WHA 57.19 titled “International migration of health personnel: a challenge for health systems in developing countries” (WHA 57.19, 2004). The resolution presented salient points about the concerns WHO and member states had about the migratory patterns of healthcare practitioners that was currently affecting the healthcare systems of developing countries. (Polisades Medical Centre 2023)

In the resolution, it was further stated that, member states need to be cognizant of the work being done in United Nations organizations and other international organizations to enhance the capacity of governments to manage migration movements at local, national, and regional levels. They also stressed the need for additional action to address the issues, at the national and local stages, as part of the sector wide method and other expansion plans. Subsequently, during the 64th world health assembly, WHO recalled the resolution WHA 57.19 and further discussed and addendum called the WHA 59.23 which was enacted to fix the shortage of healthcare practitioners so that the “health related development goals, including those contained in the Millennium Declaration, and those of WHO’s priority programmes can be attained. (World Health Organization, 2011, p. 9)

The goal of the assembly was to discuss the burden that is placed on the healthcare systems of developing countries that were losing their human resources to developed countries.

Cometto et al. (2013) explained that understanding the root cause of migration was very essential when looking for solutions to the brain drain issue. In the United Kingdom, the competing priorities of the National Health Service made it impossible to see that the country was a part of the world brain drain problem. Cometto (2013) suggested that creating a solution to the brain drain problem involved implementing policy options for international health workforce migration that included understanding.

Due to the influx of healthcare practitioners from Sub-Saharan Africa (SSA) to the United Kingdom, the United Kingdom started training healthcare practitioners locally and tightened their immigration policies in order to curb their dependency of migrated healthcare practitioners. The inflow of healthcare practitioners from developing countries declined when the United Kingdom put in place “bilateral agreements with source countries” (Cometto et al., 2013, p. 2).

Closing the gap in the wage disparity between developing and developed countries was also very important. Walton-Roberts et al. (2017) analyzed that poor wages (salaries) had often been cited as one of the push factors that had been responsible for the emigration of people from a developing country to a developed country. Developing countries need to implement strategies in the salary structure so that they can retain the skills of the professionals that are looking to move.

Another possible solution to the issue of brain drain is brain circulation. Zagade and Desai (2017) defined brain circulation as methods in talented immigrants bring capital, management, and institutional expertise back to their homeland to harness its potential. India and China had been very successful in using this strategy to create brain gain in their countries. Nair and Webster (2012) stated that the Chinese government has encouraged their “lost talent to return for short-term assignments or hold concurrent positions in China and abroad to aid research and development in the country” (p. 160).

As a result, the Chinese government was able to recirculation their brain drain by sharing the talent their highly skilled workers in the Diaspora had acquired abroad but not necessarily bringing them back fully back to the country.

## **2.16 Theoretical Framework**

The theoretical framework that guided this study was the push-pull theory as first introduced by Ravenstein in 1889 and later reframed by Lee in 1966. In Ravenstein’s (1889) initial discussion on the laws of migration, he sought to explain why people migrated from one country to another. Ravenstein pointed out that the land in the European countries under examination had been cultivated and every inch that could accommodate humans were populated. Ravenstein asserted that migration happens because of the development of business and industries in certain places or when people Emigrate, and those gaps are filled by the new immigrants. Ravenstein noted that the Migration pattern in Europe was vastly different from the migration pattern in North America.

In Europe, migrants were a small fraction of the general population. In North America however, Ravenstein noticed that the majority of the migrant populated areas were within the city rather than rural areas and the migrant ratio to the population was much larger than the one in Europe. Ravenstein further stated that undesired laws that were bad and oppressive in nature were one of the reasons why people migrated from one country to another. Furthermore, climate, taxation, and even transportation and slave trade were cited as reasons why people moved from one place to another. Another major reason cited was the deficiency of labor in one place and a superfluity of labor in another; all these reasons account for why many people were moving from one country to another when labor was low in their country and there was an overabundance of labor in a developed country.

Lee (1966) further explored Ravenstein's (1889) research to form the push-pull theory. Lee asserted that while Ravenstein's theory is outdated, it still holds true as the Starting point for researching migratory patterns (p. 47). Lee summarized seven major points from Ravenstein's paper:

- a) migration happens in short distances,
- b) migration happens in stages,
- c) migration happens in currents and counter currents,
- d) urban-rural differences in propensity to migrate,
- e) predominance of females among short distance,
- f) technology and migration, and
- g) dominance of the economic motive. All the points made by Ravenstein were valid at the time his paper was written. However, as time went on, migratory patterns changed,

and Lee needed to account for that. Lee defined migration as a move from one place to another. Distance was no longer a factor as Ravenstein initially expressed. In Lee's paper, the factors that prompt migration fall under four headings: (a) factors associated with the area of origin, (b) factors associated with the area of destination, (c) intervening obstacles, and (d) personal factors. In outlining those four factors, Lee reworked and created a more condensed version of Ravenstein's migration theory.

Ravenstein and Lee both agreed that the factors that lead to migration include the attractiveness of the destination country due to various factors and dissatisfying factors from the source country. Passaris (1989) further expressed that there was a correlation between migration and economics and stated that historically the economic impact of migration is often neglected when discussing migration theories and the causes. There is a universal consequence as it relates to economics, and this should be measured when defining the appropriate parameters and constructing the theoretical foundations for the systematic analysis and exposition of the causes and consequences of immigration" (p. 525).

Passaris also pointed out that there was an economic undertone to what Ravenstein and Lee reported in their individual theories and that the study of economics was overlooked due to the fact that, at the time of the publication of their papers, there was no theoretical framework that used the economic lens to look at immigration as a concept. It was further argued by Passaris that immigration needed to be explored within the concept of economic theory to gain a better understanding of how economic factors drive immigration.

Researchers tend to use Lee's (1966) more contemporary version of early Migration theory. Gibson and McKenzie (2011) specified that there is evidentiary support on both the micro and macro level that suggests highly skilled individuals will migrate from one place to another if their needs are not met in their home country. Migration theorists continue to use the foundation of Ravenstein's (1889) laws of migration and more specifically Lee's theory of migration to outline the migratory pattern of people throughout history. According to Yanai et al. (2020), highly skilled individuals are Pushed from their country of origin due the negative factors they find undesirable and are Pulled by their destination country due to desirable factors that were provided by the Country of origin. As Lee stated, the first set of factors for migration involve "factors Associated with an area of origin factors" (p. 50). This factor explained the push factors that formed the basis for the migration of individuals from their source country to the Destination Country.

In Edo State, the push factors include corruption; overall, bad Governance has been a recurring theme amongst migration researchers. The second set of factors Lee (1966) outlined includes "factors associated with the area of destination" (p. 50). Many Edo skilled medical workers travel to more developed countries because of the pull factors the destination country had to offer them. The pull factors such as better wages, better governance, and other elements attract migrants from their developing country to a more developed country due to the structure of their labor market and the market segmentation. In Nigeria, the labor market is in poor shape due to low wages and long hours. Many highly skilled medical workers in turn are pulled by the labor market configuration that

aligns more with their skill set, and those labor markets are primarily in developed countries.

Intervening obstacles are the third set of factors in Lee's push-pull theory. Intervening obstacles are obstructions that can hinder migration. Klaus and Pachocka (2019) stated, "Intervening obstacles" could "take the form of various Barriers, including physical (walls or fences), financial (costs of a journey), technical (arrangement of a long journey with small kids), and legal ones (strict migration law or policy)" (p. 280). For many Nigerians, physical barriers are not much of an issue. The Technical, financial, and legal intervening obstacles are more prominent in Nigeria. Many of the healthcare practitioners that moved to developing countries spent a lot of money for the journey and also for courses they had to take to convert their Nigerian medical degree to follow the licensing regulations of the country they moved to. Strict immigration laws in countries like the United Kingdom and the United States also serve as a deterrent for many people that wanted to migrate. The last factors are personal factors. Personal factors are the primary cause of emigration from Nigeria. Unlike the other factors, potential migrants have control over personal factors. For example, healthcare practitioners leaving Nigeria hope for better lives for their family.

Kajunju (2013), around the world, Africans in the diaspora live in various parts of North America. Currently in North America, "there are 39 million from the African diaspora; 113 million in Latin America; 13.6 million in the Caribbean; and 3.5 million in Europe." The numbers continued to grow because of the harsh conditions in Africa which thereby caused a huge brain drain on the African Continent. The push-pull theory is very pivotal to the brain drain phenomenon because the push-pull factors are what help people

determine what factors pushed them out of their Developing country and what factors pulled them into a new country. (Kajunju, 2013)

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## **CHAPTER THREE**

### **3.1 INTRODUCTION**

This Chapter discusses the Research Design, Population of the Study, Sample and Sample Size, Data Collection Instrument and Validation, Techniques of Data Analysis and Limitation of Methodology.

### **3.2 RESEARCH DESIGN**

In this research work, a survey method was adopted in the research study. This is to enable the researcher to deal with large group and access online survey since the researcher could not go round the entire State. Therefore the research was narrow down to two Local government area one in Edo North in Etsako West Local Government, Auchi and another in Edo South the Stella Obasanjo Hospital in Benin City, as well as Government officials in the State Ministry of Health.

Adefolarin (2014) Research design means the plan and structure of investigation so conceived as to seek answers to questions for a research study. It constituted guidelines that direct the researcher towards solving the research problem.

“Research designed constitutes the blueprint for collection, measurement, and analysis of data. The research work can best be described as a survey research. A survey research is one in which a group of people or items are studied by collecting and analyzing data from only a few people or entire group based on the sample population. (Sekaran, 2000).

### **3.3 POPULATION OF THE STUDY AND SAMPLE SIZE**

The population in this context of this research work refers to skilled medical workers as both Senior and Junior staff of the Edo State in the State Ministry of Health, Irrual Specialist Hospital in Edo Central, the General Hospital Auchu in Edo North and Stella Obasanjo Hospital in Edo South. The population also includes, Selected and Private and specialist Hospital medical practitioners from the three Senatorial district of the State. The population of the study is Two hundred (200) Skilled medical and government workers.

According to Uzoagulu (1998), “the population is the target of the study”. The population of the study is the number of subjects that are concerned with the matter under discussion. It defines the limit within which the research study findings are applicable. The population also include online Medical Association group via online flyer and direct interview and conversation with Nigeria Medical Workers in Diaspora via zoom. This research is on Globalization of Skilled Medical Workers and its health implications: Evidence from Post Covid-19 Brain Drain in Edo State, Nigeria.

### **3.4 SAMPLE SIZE**

“Sample size on the other hand, is a subject of the population that is taken to be a representative of the entire population. Sampling is done in order that, the researcher may take some elements, subject or respondent in the population to represent that population” (Tejumaiye, 2003).

The Sample size drawn for this study is 200 respondents. This sample constitutes a subgroup of the population of the study. However, the information obtained from the

sample is generalized to represent the opinion of the entire population. In the selection of respondents for the study, the probability sampling techniques were adopted. First, the random sampling technique was utilized in the selection of the ten health centers across the three Senatorial Districts in the State. To ensure high degree of representation of various health sectors, stratified random sampling was adopted in the selection of respondents. Below are the various location of Health center or Hospital and their representation in the sample.

**Table 3.1.6 Respondents Distribution by Location**

Town/City	Number in the sample
Irrua Specialist Hospital	20
School of Midwifery Ekpoma	20
Edo State Ministry of Health	20
Stella Obasanjo Hospital	20
UBTH	20
Etsako West Auchi	20
Nigeria Doctors in Diaspora Abroad Interview via Zoom	20
Etsako East General Hospital	20
Online Flyer	20
Benin Medicare Adesuwa Rd.	20

Source ----Field Work 2023

### **3.4 DATA COLLECTION INSTRUMENT AND VALIDATION**

This refers to tools used for collecting data and how those tools were to be developed.

This study employed the following instruments in data collection.

#### **a) Questionnaires**

Questionnaire is a collection of items to which a respondent is expected to react usually in writing. The researcher developed a questionnaire to be used in eliciting information from the respondents. The purpose of the questionnaire was to collect a lot of information over a very short period.

It contains issues of general information of the respondents such as employment status, religion, age, sex, educational qualification etc. The questionnaire were drawn in such a way that the respondents answer by ticking the appropriate column and filling the gap. The questionnaire was both structure and unstructured

#### **b) Interview**

I used open-ended questions in order to allow the use of life history interviews and centered, indepth interviews based on phenomenological assumptions. Given the research questions and the depth of this research, the best approach for gathering information on the participants' lived experiences was through one-on-one interviews with the participants particularly Edo based Skilled Medical worker abroad via zoom.

The interview questions were not guiding questions, and I allowed the participants the ability to express themselves freely without reticence. Since these interview questions

were aimed at helping me understand the lived experiences of the participants and the Phenomenon, the questions were not crafted in a way that guided the participants to answer the question the way I wanted. Zahavi (2019) also pointed out that as a Researcher, there is the need to understand how certain events and life experiences are Experienced by individuals in question, so it is important that the interviewees may Express their own experiences without being unduly influenced by the interviewer’

Each participant’s confidentiality was ensured because during the course of the research. Seidman (2019) expressed that the participant has the right to request that their identity be kept confidential. The interview process involved sending out an online flyer to the online platform for various Skilled Medical Association, and other online groups on Facebook. I used a recruitment flyer (Appendix D)

Some Participants were interviewed via Zoom virtual calls. The participants’ responses Were audio-recorded using Zoom’s cloud recording feature. Vagle (2018) pointed out that One-on-one interviews need to be conducted with the understanding on the part of the Participant and I notified each participant that a follow-up interview might occur if clarification was needed.

### **3.5 METHOD OF DATA COLLECTION**

The researcher used both primary and secondary source of information to answer the research question. Information was obtained from various published and unpublished tests found in libraries, academic research projects, journals, newspapers, magazines as well as the opinion of scholars and individuals including online media.

### **3.6     TECHNIQUES OF DATA ANALYSIS**

Polit and Hungler, (1995) “Data analysis is the systematic organization and synthesis of the research data and testing of research hypothesis, using those data” Data collected were presented in frequencies and arranged in tables for easy references. Qualitative technique was used to explain the analysis of the data collected for the study.

The statistical techniques used in the analysis and testing of the hypotheses generated in this study were the simple percentage and the Chi-Square.

### **3.7     LIMITATION OF METHODOLOGY**

Primary sources are difficult to overcome especially with the limited resource to visit some private and Public Hospitals and coupled with the hoarding of public information by civil servants in government Hospitals. The project coincided with the ongoing physical cash crunch. I had to sleep in Irrual on my way to Auchi as there was no physical money for me to fuel my vehicle and the fuel stations were not using POS. It was a terrible experience.

## **CHAPTER FOUR DATA PRESENTATION AND ANALYSIS**

### **4.0 Introduction**

This chapter is concerned with the presentation and analysis of the data generated through interviews and the survey questionnaire. It begins with the description of the social characteristic of the respondents subsequently the perception of the respondents about Brain Drain of skilled medical worker in Edo State. Thereafter we test the hypotheses generated to serve as the searchlight of the study and discussed of the research findings.

A total of two hundred (200) questionnaires were administered to respondents of this study. Only 187 of the questionnaire were properly completed and returned, this represents 93 percentage. The presentation and analysis hereunder were therefore based on 187 respondents as against the 200 drawn for the study.

### **3.1 Social Characteristics of Respondents**

**Table 3.1.1 Respondents by Age Distribution**

<b>Age</b>	<b>Number</b>	<b>Percentage</b>
20-25 years	11	5.8
25 – 29 years	36	19.25
30 – 39 years	68	36.36
40 – 49 years	52	27.81
50 years & above	20	10.79

Total	187	100
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**Source:** Fieldwork 2023

In table 3.1.1, it is shown that 5.88% of the respondent is between 20-25 years. 19.25%, 36.36% and 27.8% are between 25 and 29 years, 30 and 39 years, 40 and 49 years respectively. Only 10.97% of the respondents are 50 years and above.

**Table 3.1.2 Respondents Distribution by Sex**

Sex	Number	Percentage
Male	103	55.08
Female	84	44.92
Total	187	100

**Source:** Fieldwork 2023

Table 3.1.2 indicates that 55.08% of the respondents constituting the sample of the Skilled medical workers are male respondents while 44.92% are female.

**Table 3.1.3 Respondents Distribution by Education**

Education	Number	Percentage
BMedSci	42	22.46
Ms.C	96	51.34
Ph.D	49	22.20
Total	187	100

**Source:** Fieldwork 2023

Table 3.1.3 shows that 22.46% of the respondents had have first degree, 51.34 had First and Masters Degree while 26.20% had acquired Doctorate Degree

**Table 3.1.4 Respondents Distribution by Occupation**

<b>Occupation</b>	<b>Number</b>	<b>Percentage</b>
Public Servant (Edo State Health Ministry)	20	10.70
Private Hospital Skilled medical Worker	77	41.18
Self Employed Skilled workers	51	27.27
Government Own Hospital skilled Medical Workers	39	20.86
Total	187	100

**Source:** Fieldwork 2023

Table 3.1.4 indicates that 10.70% of the respondents are employed in the public service, 41.18% are engaged in the private sector, 27.27% are self-employed while 20.86% are unemployed in government owned Hospital

**Table 3.1.5 Respondents Distribution by Socio-Economic Background**

<b>Socio-Economic Background</b>	<b>Number</b>	<b>Percentage</b>
Low Income	128	68.45
Middle Income	3	19.25
High Income	23	12.30
Total	187	100

**Source:** Fieldwork 2023

Table 3.1.5 shows that 68.45% respondents of this study belongs to the low income group in Nigeria while 19.25% and 12.30% belong to the middle and high income groups respectively.

**Table 3.1.6 Respondents Distribution by Location**

Town/City	Number	Percentage
Irrua Specialist Hospital	20	10.70
School of Midwifery Ekpoma	18	9.63
Edo State Ministry of Health	20	10.70
Stella Obasanjo Hospital	16	8.56
UBTH	19	10.16
Auchi General Hospital	20	10.70
Nigeria Doctors in Diaspora Abroad Interview via Zoom	17	9.09
Etsako East General Hospital	18	9.63
Online Flyer	20	10.70
Benin Medicare Adesuwa Rd.	19	10.16

**Source:** Fieldwork 2023

Table 3.1.6 shows the distribution of the respondents of this study across various places and cities in Edo State covering the three Senatorial district of the State.

### **3.2 Analysis of Research Variables**

#### **3.2.1 On the Perception of Brain Drain in Edo and if it has implications**

<b>Response</b>	<b>Number</b>	<b>Percentage</b>
Yes	181	96.79

No	6	3.21
Total	187	100

Table 3.2.1 96.7% of the respondents affirm that the current wave of Brain Drain in Edo State is alarming while only 3.21% objected.

**Table 3.2.2 Perception on Causes of Brain Drain in Edo State**

Variables	Yes		No
	Poor Leadership	No	179
	%	95.72	4.28
Corruption	No	184	3
	%	98.40	1.60
Medical Doctors fault	No	2	185
	%	1.07	98.93
Insecurity	No	49	138
	%	26.20	73.80
Unemployment	No	121	66
	%	64.71	35.29
Poor Remuneration	No	169	18
	%	90.37	9.63
Military intervention and coup	No	6	181
	%	3.21	96.79
Poor legislation	No	8	179
	%	4.28	95.72
Labour relations	No	2	185
	%	1.07	98.93
Lack of political will	No	98	89
	%	52.41	47.59
Government Budget and Policies	No	104	83
	%	55.61	44.31
Hostile working conditions without allowances	No	161	26
	%	86.10	13.90
Economic Conditions	No	185	2
	%	98.93	1.07

**Source:** Fieldwork 2023

Table 3.3.3 95.73% affirmed poor leadership as major Cause of Brain Drain in Edo State Only 107 of the respondents has such perception about corruption. While only 26.20% of

the respondent's perceived insecurity such as kidnapping of Skilled Medical Worker as a common crime in Edo State. 64.71% and 90.37% have such perception about Unemployment and poor remuneration, military intervention and poor legislation are perceived by 3.21% and 4.27% respectively. Only 1.07% of the respondents claimed that labour relations is a factor while 52.14%, 555.61%, 86.10% and 98.93% agreed that lack of political will, Poor budgeting policy, hostile working environment and Economic conditions respectively are major reason for high level Brain Drain in Edo State, Nigeria.

**Table 3.2.4 Ways to Halt Brain Drain in Edo State**

Variables	Yes		No
creation of good working environment	No	187	-
	%	100	-
Rapid Employment of skilled medical worker	No	187	-
	%	100	-
Closing the wage gap between Edo State and recruiting countries	No	156	31
	%	83.42	16.58
Good Governance and good Health policies	No	142	45
	%	75.94	24.06
Improved Health budgeting provision	No	151	36
	%	80.75	19.25
Reduced bureaucratic Bottleneck	No	151	36
	%	80.75	19.25

**Source:** Fieldwork 2023

In table 3.2.4, 100% of the respondents accept creation of good working environment and Rapid Employment of skilled medical worker as ways of halting Brain Drain of Skilled Medical Workers in Edo State. While 83.42% affirm Closing the wage gap between Edo State and recruiting countries as a panacea in reducing brain drains, only 73.80% opined

that Good Governance and good Health policies will help. 75.94% affirm to Improved Health budgeting provision 80.75% aggress to Reduction in bureaucratic Bottlenecks. The data in the table 3.2.4 generally indicated no less than 73% affirmed that these ways of containing Massive Brain Drain from Edo Medical sector will help in reverting brain drain to brain gain.

### 3.3 Testing of Hypotheses

#### Testing Hypothesis One

Poor leadership and corruption are significantly associated with high level Brain Drain in Edo State. In testing hypothesis the age of the respondents is controlled in their response to question 3 (ii) Question 3 (ii) Poor leadership and corruption are responsible for the high level Brain Drain in Edo State. The responses obtained are tabulated below.

**Table 3.3.1 Perception on the role of political leadership and corruption in Brain Drain of skilled medical workers in Edo State**

Opinion	Age in Years					Total
	20- 25	25 to 29	30 to 39	40 to 49	50 and above	
Yes	11	36	68	52	20	187
No						
Total	11	36	68	52	20	187

**Source: Fieldwork 2023**

Ho: the opinion of the respondents on the relation between high level Brain Drain and poor leadership and corruption is not substantially dependent on leadership and corruption is not substantially dependent on their age bracket.

Hr: the opinion of the respondents on the relationship between high level Brain Drain and political leadership and corruption is substantially dependent on their age bracket.

$$\frac{(fofe)^2}{fe}$$

Fe

Computation of X<sup>2</sup>

Fo	Fe	Fo Fe	(fofe) <sup>2</sup>	(fofe) <sup>2</sup> /fe
11	11	-	-	-
36	36	-	-	-
68	68	-	-	-
52	52	-	-	-
20	20	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
<b>X<sub>2</sub></b>			<b>0</b>	

Degree of Freedom (df)

$$Df = (r - 1)(c - 1) -$$

$$(5 - 1)(2 - 1) -$$

$$(4)(1) = 4$$

**Research Decision**

Calculated X<sup>2</sup> = 0

Critical  $\chi^2 = 5.99$

Df. = 4

$\alpha = .20$

### **Research Result**

Data are not statically significant, as calculated  $\chi^2$  is less than critical  $\chi^2$ . We should therefore accept  $H_0$  and reject  $H_1$ .

### **Interpretation**

There is no probability that the high level of Brain Drain witness in Edo State can be delinked from poor leadership and systemic failure or corruption. This presupposes that there is an association between high levels of Migration of skilled medical workers and government leadership pattern. The finding is consistent with Jegas (2002) assertion that overwhelming frustrating government policies, conditions the mind and attitude of the populace and makes them sold out easily to Brain Drain.

### **Testing Hypothesis Two**

Brain Drain is not responsible for the decay in the Edo State Healthcare Sector. In analyzing the hypothesis, the sex of the respondents is controlled in their response to question 3 (v). Question 3 (v) Brain Drain has consequences in the Edo State Health sector.

**Table 3.3.2 Perception of the consequences of Brain Drain in Edo Health Sector**

	Sex		
Opinion	Male	Female	Total

Yes	97	76	173
No	6	8	14
Total	103	84	187

**Source: Fieldwork 2023**

Ho: The perception of respondents on the relationship between Brain Drain and its Consequences in the Health Sector is not contingent on the respondent sex.

Hr: The perception of respondents in the association between whether there is an implication in Brain Drain on the State Health sector is contingent on the respondent sex.

Fo	Fe	Fo Fe	(fofe) <sup>2</sup>	(fofe) <sup>2</sup> /fe
97	95.29	1.71	2.9241	0.0376
76	77.71	-1.71	2.9241	0.0376
6	7.71	-1.71	2.9241	0.3793
8	6.29	1.71	2.9241	0.4649
			X2	0.9125

Degree of Freedom (df)

Dr (c-I) (r-I)

(2-I) (2-I) I

(I) (I) I

### Research Decision

Calculated X2 = 0.9125

Critical x2 = 1.64

Df. = I

@ = .20

### **Research Result**

Data are not statically significant because calculated X2 does not exceed critical x2 even 20 percent sample error. Therefore, we reject Hr and accept Ho.

### **Interpretation**

There is no evidence to prove that Brain Drain is responsible for the decay in the Edo State Health Sector. The perception of respondent that the Implications of Brain Drain in Edo Health sector will be determine by the opinion and sex of the respondent. This means that Brain Drain has become an integral part of the society that its implications are now given other meaning to justify the action of government as a distractive strategy. This is therefore not surprising, as there is generally a loss of public confidence in the health sector of the State, which has increase medical tourist in the State.

### **Testing Hypothesis Two**

Poor government policies encourages upsurge in the level of Skilled Medical Brain Drain. In analyzing this hypothesis, the education attainment of respondent is held constant in their response to question 3(x) Question 3(X): poorly developed government Health Policy encourages migrants. Computing the responses obtained yielded table 3.3.3.

**Table 3.3.3 Perception of poorly developed government Health Policy encourages migrants.**

<b>Opinion</b>	<b>BMedSci</b>	<b>MSc</b>	<b>Ph.D</b>	<b>Total</b>
Yes	35	82	45	162

No	7	14	4	25
Total	42	96	49	187

**Source:** Fieldwork 2023

Ho: The perception of respondents on the connection between poor government Policies and upsurge in Brain Drain is not contingent on respondent educational attainment.

Hr: The perception of respondents on the implications between poor government policies and upsurge in the level of migrant of skilled medical workers in the State is contingent on their educational attainment.

<b>Fo</b>	<b>Fe</b>	<b>Fo Fe</b>	<b>(fofe)<sup>2</sup></b>	<b>(fofe)<sup>2</sup>/fe</b>
35	36.39	1.39	1.9321	0.0531
82	83.17	-1.71	1.3689	0.0165
45	42.45	2.55	6.5025	0.1532
7	5.61	1.39	1.9321	0.3444
14	12.83	1.17	1.3689	0.1067
4	6.55	-2.55	6.5025	0.9927
			X <sup>2</sup>	1.6666

Degree of Freedom (df)

Dr (c-I) (r-I)

(2-I) (3-I) I

(I)(2)2

### **Research Decision**

Calculated X<sup>2</sup> = 1.6666

Critical  $\chi^2 = 3.22$

Df. = 2

$\alpha = .20$

### **Research Result**

Since Calculating  $X^2$  is smaller than critical  $\chi^2$  data are not statistically significant. Thus  $H_0$  is hereby accepted while  $H_a$  is rejected.

### **Interpretation**

There is no evidence to show that the education of the respondents influences their perception that poor Health policies of government is responsible for the high level of Brain Drain in Edo State. This confirmed the hypothetical assumption that poorly developed policy is associated with the massive Brain Drain in the State.

## CHAPTER FIVE

### SUMMARY, RECOMMENDATIONS AND CONCLUSION

#### 5.1 Summary

It is agreed in the Major finding and analysis that Globalization and absent of good governance have played important role in poor health infrastructure in the State and has influenced the high level of Brain Drain in the State critics, on the other hand, vehemently posit that Globalization is skewed in favour of countries that have the technological knowhow, industrialized and entrenched democracy as having the upper hand in the unequal exchange against the developing countries that are far from acquiring these necessities, which make the competition inherent in Globalization, unhealthy.

Driven by the own personal interest, the Edo State Government has made the health care situation in the State worse by demolishing the general hospital located in ring road by the State Specialist Hospital and relocating it to Stella Obasanjo Hospital Premises. This decision of the Obaseki's administration is making health care difficult considering the high transportation and danger in cases of emergencies given the high traffic situation in that area.

Edo as a pedestrian State is faced with grinding poverty, insecurity crisis, corruption, unemployment, debt overhang, rather than making policies that will reduce the hardship of the people, the government has chosen to make life more terrible for the common person. This was also the reason why Edo was the highest State in the country with high human trafficking. Such ugly historical background has also contributed to the reason why Edo State is suffering high level Skilled Medical Brain Drain, as its citizens who

were formerly engaged in trafficking are now educated and now seeking better life outside the State through globalization, which has made the world to be wall less.

Though no nation should isolate itself from the global process but developing nation like Nigeria should introduce some measures with which to cushion the debilitating effect of Globalization. Such should be in building social infrastructure to cope with the demand of the health needs of the people particularly in a free market economy and its attendant social distortion. For instance, Nigeria is been force or blackmailed to remove subsidies and other social services such as education, health etc. Nigeria should accept Globalization with a social or human face.

The health workforce brain drain in Edo State is not a new phenomenon, but the current increasing trend is alarming. The worsening of the “push factors” and strengthening of the “pull factors” by the COVID-19 pandemic has resulted in the mass emigration of Nigerian health workers to developed countries. The negative impact on healthcare delivery and medical education in Nigeria is unprecedented. We recommend closing the gap in wage disparity between Nigeria and the recruiting countries and adopting the global partnership skills model, among others, to retain healthcare workers in Nigeria, stem the tide against brain drain, and strengthen the health system for all.

The phenomenon of health workforce migration can be labeled a classic global health issue of our time. Globalization fuels migration, and health workers worldwide are becoming increasingly mobile, connected, and aware of the opportunities in other, more affluent countries. While there is still a lack of systematic monitoring of migratory flows,

existing studies show that a global market for health professionals has developed, leading to a global increase of doctors and nurses migrating to other countries.

However, from a health needs perspective, this global market for doctors, nurses, and other health professionals appears to be distorted. In a globalized market, HICs can address their shortages in health personnel by recruiting and importing qualified health workers from elsewhere. Shortages thereby are shifted from HICs to LMICs, thereby increasing global inequities. Because many of the so-called pull factors are external in nature (i.e. outside a country's regulatory boundaries), a LMIC can do little to influence these factors in order to prevent the emigration of its qualified health workforce.

While the migrating health workers and the receiving countries benefit in general, it is the donor countries and its citizens who suffer most from the brain drain. While health worker migration is not desirable in terms of healthcare service quality and equity, it also reveals a structural problem of healthcare systems worldwide. The chronic global undersupply of health workers points to the fact that many HIC healthcare systems are unsustainable, as they rely on foreign labor in order to provide their services. In many EU countries, sufficient provision of health workers already depends on immigration. In the light of aging societies and projected future increases in the demand for health workers, this current status seems unsustainable. Even worse, in times of economic crisis, countries less affected by recession could attract even more health professionals from countries where salaries in the medical sector are being cut and the health workforce is being downsized.

The current practice by many HICs to fill their staff needs by recruiting therefore merely serves as a 'quick fix' and cloaks unsustainable practices, as the underlying problems of undersupply are not tackled effectively. For European countries, it should be apparent that recruiting health workers from overseas does not solve the global workforce crisis; it only shifts shortages to a country that is even less well situated to cope with the shortages, potentially inducing life-threatening situations in those countries. But as long as the international demand outweighs its supply, training more health workers in low-income countries will not be an effective solution, as this simply serves to further fuel the export market.

The WHO Code of Practice has been a small step in the right direction. However, the only realistic and sustainable policy option can be to simply create a greater supply of health workers in HICs by means of increasing the training capacities, improving overall working conditions, and making the jobs of nursing and other healthcare professionals more attractive to the domestic workforce. While this is not the easiest and cheapest solution, it is the only one that can effectively tackle the global undersupply while also being fair and sustainable to LMICs.

Though Brain Drain does not only affect Edo State. Every nation across the world has a bitter story to also tell. For example, In a recent publication, Kirigia et al. share their findings on the cost of health professional brain drain in Kenya. They compounded the cost of educating a medical doctor and nurse (from primary schooling to completed university training and credentialing) over the period between the average age of emigration (30 years) and the age of retirement (62 years) in recipient countries. The researchers then estimated that the total cost of educating a single medical doctor in

Kenya is US\$65,997. For every doctor who emigrates, the country loses about US\$517,931 worth of returns from investment. The total cost of educating one nurse from primary school to college is US\$43,180; and for every nurse who emigrates, a country loses about US\$338,868 worth of returns from investment (Kirigia et al., 2006). Applying much more simplistic survey methods, Chanda estimates that South Africa lost an estimated ZAR67.8 billion (US\$9 billion) in human capital investment in the health sector from the emigration of health workers in the last decade (Chanda, 2002).

## **5.2 Recommendation**

In light of the above findings, it is imperative for relevant stakeholders to urgently take steps to retain its health workforce and turn the tide against brain drain. I recommend closing the wage gap between Edo State and recruiting countries. To achieve this, the government should increase the health budget's allocation from the current 4% to 15% and create a new funding mechanism for the healthcare sector.

In addition, there should be rapid employment of qualified medical and allied-health graduates to alleviate the shortage and create career advancement opportunities for the workforce. In addition, an enabling environment for private health providers to expand their capacity to provide specialist services should be encouraged, while ensuring there is minimal wage discrepancy between government workers and private employees to prevent a risk of internal brain drain. Furthermore, the government should implement the recommendations of the Yayale Ahmed Presidential Committee on Health and the National Act of 2014, which aim to provide a framework for the regulation, development,

and management of a national health system and set the standards for rendering health service both at the State and in the federation.

Moreover, the Edo State House of Assembly and State policymakers on human resources for health migration should not prohibit migration. Instead, it should call for an ethical method of migration that allows collaboration with recruiting countries to ensure mutual benefits. This can be achieved by designing an electronic database record for Nigerian healthcare workers in Diaspora and creating a similar system as implemented in the Bhagwati's tax system, which enables the collection of taxes from emigrants to their country of origin, as practiced by the US and Cuba. In addition, the government should create an enabling environment for the healthcare workers of Edo origin in the Diaspora to bring capital, management, and skills back to the State, as is done by India and China.

Proactively, the policymakers should consider adopting the global skill partnership model, a bilateral labour agreement between a country of origin and a country of destination. While the country of origin trains students in skills needed to meet their specific and immediate needs and that of the country of destination, the latter provides the required finance and facility and, in turn, receives skilled migrants. Multinational collaborations between Nigeria and other foreign countries would help to foster bilateral relationships and encourage the development of a model which would help to improve the health systems for all, so long the model is well designed, implemented, financed, and monitored by the relevant stakeholders (governments, workers' and employers' unions, civil society, financial auditors, and other public institutions. (Source Punch Newspaper 14th September 2021 page 14)

Further recommendations include:

**1. Creation of job opportunities with adequate remuneration:**

One of the ways of curbing the menace brain drain is Creation of job opportunities with adequate remuneration. The government should also help in creating more jobs for the citizens. One of the reasons why individuals with high technical skills migrate to other countries is to seek for better jobs.

If government should create job and career opportunities for graduates, there won't be need to travel out of their country in search of greener pastures.

**2. Quality educational opportunities should be provided:**

Young individuals are mostly to migrate in pursuit of higher education. Expanding educational infrastructures and offering better educational qualifications to individuals will go along way in dissuading youths from leaving their country in pursuit of education elsewhere.

**3. Provision of conducive environment for workers:**

A good working environment attracts more workers. In fact, one of the things most graduates in Nigeria considers before accepting any employment is the environment of their offices. Is it a place where their health is protected? Are there equipments to keep them away from harm? All these questions are very important.

When there is no good working environment, people will leave their country to other places with a better working environment. Consequently, it is evident that a good working environment can help to solve the problem of brain drain in Nigeria.

#### **4. Funding of tertiary institutions:**

Adequate funding of the educational sector is also a tentative solution to brain drain in Nigeria. This includes increase and timely payment of the salaries of lecturers. Accordingly, adequate fund should be provided to tertiary institutions by the government.

A Lecturer at the University of Nigeria noted that corruption in university settings can only be stopped when the government starts paying them (**Lecturers**) handsomely. This is correct to a very large extent because not everybody actually wants to indulge in corrupt practices. Some do so because they have no choice.

#### **5. Accountability in governance:**

To stop brain drain in Nigeria, people should be able to hold their government accountable. In Nigeria, corruption is no longer an evil act. Even when the leader are caught in the act of corruption, most of them are allowed to go free without any punishment.

This has undoubtedly made many Nigerian to leave the country, believing that there is no hope for Nigeria.

Trust me; If 60% of government officials in Nigeria can be truly accountable, it would go a long way in reducing the rate of brain drain in the country and in turn, revive the economy of the country.

### **5.3 CONCLUSIONS**

Edo State and indeed, Nigeria, because of the level of ill-equipped health infrastructural development, it has become difficult if not impossible to compete in the global health market place. With Globalization which hinged on free and unhindered trade, packaged through World Trade Organization and the World Health Organization, it will be very difficult for Edo State Skilled medical Professional to be stagnated in a globalized society with an unending opportunity across the world. The High Income Countries have also remove multiple protocols that hinders medical practitioner to travel abroad and in some cases even offered free visa to Health workers in this kind of circumstances it will be difficult if not impossible for Nigeria to compete with developed countries.

Edo State infrastructural big based like Health supply, roads; transportation system is so bad that local production is hindered and virtually nonexistent. With bad economy coupled with decaying infrastructure, there are bounds to be social degeneration. Nigeria educational system, with Bretton woods, “no subsidy” conditionality is almost collapsing Healthcare is nonexistence, and very demoralizing with government officials going

abroad for treatment. Transportation is Herculean with potholes in every road and major highways in the land and daily carnage witness on our roads. Life expectancy as shown in the United Nations Development Program (UNDP) table is 45 years and infant mortality is alarming. The human development index is nothing to write home about. There are social distortions, like unemployment, incessant Educational and medical Professional clash and strikes with no work no pay policies, armed robbery, kidnapping and other social malaise that are on the increase. All these and many other factors have made the issue of Brain Drain inevitable both in Edo State and indeed in Nigeria.

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## **APPENDIX I**

### **QUESTIONNAIRE**

The researcher is a Master's Degree Student of the Political Science Department of the University of Benin (UNIBEN). He is concern with the globalization of skilled medical workers and its health implications: evidence from post covid-19 Brain Drain in Edo State Nigeria

GLOBALISATION OF SKILLED MEDICAL WORKERS AND ITS HEALTH IMPLICATIONS: EVIDENCE FROM POST COVID-19 BRAIN DRAIN IN EDO STATE NIGERIA

Respondents are required to provide accurate information and your response will be highly treated as confidential.

QUESTIONNAIRE FOR SKILLED MEDICAL WORKERS IN EDO STATE MEDICAL CENTRES

Department of Political Science,  
University of Benin,  
Benin City

Sir/ Madam

I humbly request you to complete this questionnaire for me. The answer you will give shall be used for purely academic purpose and your answer will be treated as anonymous source of information.

Kindly indicate your answer by ticking ( ) or commenting in the designed space. I will highly appreciate your consideration and cooperation.

Yours Faithfully  
BENJAMIN ATU

TICK “where applicable and explain where necessary.

- (1) Age 25 – 29 years ( ) 30 – 39 years ( ) 40 – 49 years ( ) 50 years and above ( )
- (2) Sex: male ( ) female ( )
- (3) Educational qualification (a) HND/BSc (b) BMedSci (c) Masters (d) Ph.D
- (4) Nurse ( ) Doctor ( ) Management staff ( ) Medical Director
- (5) How do you perceive the impact of Globalization on the Brain Drain of Skilled Medical Workers in Edo State?  
(a) ( High) (b) ( Low )
- (6) Do you think Medical Brain Drain has implication on the Health Sector?  
(a) Yes ( ) (b) No ( )
- (7) Do you believe that poor remuneration and hostile working environment contribute to human capital flight from Edo state? (a) yes ( ) (b) No ( )
- (8) What extent has Globalization and Brain Drain worsening Health situation in Edo?

- (a) -----
- (b)-----
- (c)-----
- (d)-----

(9) In your own view, can you blame developed Nations for recruiting Skilled Medical Workers in Edo in gloves to fill their medical vacuum? Yes ( ) No ( )

(10) To what extent does corruption hampers the benefit of Globalization process and Health development in Edo State?  
(a) Great (b) Little and (c) Average

(11) What are the policy areas that you think Edo State Government should close the gap in reversing Brain Drain to Brain Gain in a Globalize Health Sector?

(a) -----

(b) -----

(c) -----

(d) -----

**APPENDIX II**

**QUESTIONNAIRE FOR ADMINISTRATIVE CADRE OF GOVERNMENT AGENCIES**

Department of Political Science,

University of Benin (UNIBEN)

Benin City

Sir/ Madam

I humbly request you to complete this questionnaire for me. The answer you will give shall be used for purely academic purpose and your answer will be treated as anonymous source of information.

Kindly indicate your answer by ticking ( ) or commenting in the designed space. I will highly appreciate your consideration and cooperation.

Yours Faithfully

BENJAMIN A. ATU

**SECTION B**

- (1) Does poor leadership contribute to the decay in Edo Health Sector? (Yes) ( ) (No) ( )
- (2) Do you agree that lack of motivation and financial remuneration is responsible for Brain Drain in Edo State? Yes ( ) No ( )
- (3) Has a Globalization affect critical policy area in Edo State? ( Yes) ( ) (No) ( )
- (4) To what extent has the World Health Code of Practice halt brain drain in Edo State? (a) Great ----- (b) Average----- (c) Little ---  
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- (5) Has Edo State government through the ministry of health put any deliberate policy in place to halt brain drain in the State? Yes ( )  
No ( )
- (6) Do you agree that government is responsible for the high level Brain Drain in Edo State through unemployment and corruption? (a) Yes----- (b) No-----

**APPENDIX III**

**QUESTIONNAIRE FOR MEDICAL DIRECTORS OF PRIVATE HOSPITALS AND NIGERIA MEDICAL ASSOCIATION MEMBERS ONLINE AND DIASPORA**

Department of Political Science,  
University of Benin (UNIBEN)  
Benin City.

Sir/ Madam

I humbly request you to complete this questionnaire for me. The answer you will give shall be used for purely academic purpose and your answer will be treated as anonymous source of information.

Kindly indicate your answer by ticking ( ) or commenting in the designed space. I will highly appreciate your consideration and cooperation.

Yours Faithfully

BENJAMIN A. ATU

**SECTION C**

(1) Does the Nigeria Medical Association (NMA) have a role in halting brain drain through legislation or enactment of laws?

(a) Yes ( )                      (b) No

(2) How effective is this function being achieved?

(a) Very High-----  
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(b) Very Low-----  
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(3) Why do you think skilled medical workers are leaving Edo State? Have you travelled abroad before to seek greener pastures? Can you share your experience?

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(4) From your Experience, do you think you have more value abroad than in Nigeria? can you share some of the things you missed during your stay in Nigeria? -----

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(5) What is your opinion about skilled medical workers Brain Drain in Edo?-----

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(6) Do you think there is any solution in sight to Brain in Edo State? (a) yes (b) No

(7) Kindly outline your reasons-----

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