

HEALTHCARE WORKERS' MIGRATION AND SUSTAINABLE DEVELOPMENT GOAL NUMBER 3 IN NIGERIA

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Abstract

In the last few years, Nigeria has experienced an increased exodus of healthcare workers to the more advanced societies. While some extant literature has shown that this migration trend is rooted in a long-standing socio-historical pattern, the recent spike health workers migration has become alarming and with several known and unknown implications for the country strives to achieve the Sustainable Development Goals (SDG) number 3. In spite of this, few scholarly literature and policy papers have attempted to an analysis of the implications of this current pattern of migration on health care service development and delivery particularly as it implicates the Sustainable Development Goal Number 3. Adopting a neoliberal and globalising framework, a qualitative discuss approach was utilized to offer an understanding of the compelling variables pushing and pulling Nigerian health workers to seek professional and economic opportunities in advance societies and the implication this has for SDG number 3. The study reveals that the health workers migration is fuelled by systemic push and pull factors including incessant conflicts between government and healthcare workers unions, non-availability of modern technologies, and a seemingly stifling industrial ecosystem. The authors show that without adequate and serious stakeholders' interventions, achieving the 2030 SDG 3 targets will become increasingly impossible, necessitating a re-evaluation of the current healthcare development strategy. The paper concludes that immediate actions are required to uphold the mission of SDG 3 in Nigeria. Recommendations include a comprehensive rethinking of the relationship between the government and healthcare practitioners, alongside policy reforms aimed at enhancing working conditions and retention strategies for healthcare workers.

Keywords: Healthcare Workers, Migration, Sustainable Development Goals 3, Nigeria

Introduction

The increasing migration of healthcare professionals from Nigeria to Western countries has become a major concern, as it poses a serious threat to the attainment of Sustainable Development Goal (SDG) 3, which focuses on ensuring healthy lives and promoting well-being for people of all ages. This trend has the potential to further weaken Nigeria's already fragile healthcare system (United Nations Nigeria Newsletter, 2020). Commonly referred to by locals as "*Japa*," the continuous outflow of skilled health workers significantly undermines the capacity of the Nigerian health sector and jeopardizes progress toward achieving SDG 3 (Olaiya, 2020). Scholarly discourse highlights that achieving Universal Health Coverage (UHC), a core component of the SDG 3 agenda, is fundamentally dependent on the adequate availability and equitable distribution of healthcare workers. However, according to the Minister of State for Health and Social Welfare, Dr. Iziaq Salako, he said in his interview with the (Punch Newspaper by Lara Adejoro, December, 2025) "Our Doctor-to-Population Ratio is 1:5,000 (against the WHO recommendation of 1:600), while Nurse-to-Population Ratio is as low as 1:2,000 (against the WHO recommendation of 1:300)". International recruitment by high-income countries offers a temporary labour solution for those

nations but perpetuates global health inequities by depriving developing states of their skilled human capital. For Nigeria, this results in a diminished return on investment, as significant public funds used to train medical professionals are effectively lost to the global North. The 2025 Nigeria Health Statistics report, released by the Federal Ministry of Health and Social Welfare in November, showed that a total of 43,221 doctors, nurses, pharmacists, and medical laboratory scientists left the country between 2023 and 2024.

Current literature suggests that to retain talent, Nigeria must move beyond reactive measures and address the systemic "push factors" driving emigration, such as poor working conditions, inadequate financial incentives, and a lack of professional development opportunities. Failure to address these underlying causes will further widen health status inequalities and compromise the nation's ability to provide high-quality medical care to its teeming population.

Despite global initiatives like the Global Strategy on Human Resources for Health Workforce 2030, Nigeria's healthcare sector continues to suffer from a chronic "brain drain". The problem lies in the widening gap between the constitutional right to health and the operational reality of a depleted workforce, aging infrastructure, and insufficient funding that rarely exceeds 6% of the national budget far below the 15% pledged in the 2001 Abuja Declaration. This creates a "culture of migration" where medical students and practitioners view emigration as the only viable path for career fulfilment and economic security. Without a comprehensive rethinking of the relationship between the government and health practitioners, the objectives of SDG 3 will remain unattainable within the 2030 timeframe.

The primary objective of this paper is to explore the implications of healthcare worker migration on the realization of SDG 3 in Nigeria. Specifically, the study seeks to: Analyse the socio-historical patterns and current determinants (push factors) driving the mass exodus of Nigerian healthcare workers; Evaluate the specific impacts of this migratory trend on the delivery of Universal Health Coverage and the broader goals of SDG 3; Identify the factors fostering disputes between the government and healthcare practitioners that accelerate the collapse of the health system; and Propose strategic recommendations to assist policymakers in rethinking healthcare worker retention and reinvestment strategies.

Theoretical perspectives

The paper examines health worker migration using Neoliberalism, Globalisation, and the Political Economy of Migration as theoretical frameworks. It argues that migration cannot be explained by individual choices alone but is influenced by structural global forces. Neoliberal policies have led to healthcare commodification in Nigeria, underfunding public hospitals, and wage stagnation. Globalisation facilitates the portability of skilled labour, allowing Nigerian health professionals to seek better opportunities abroad, particularly in Western nations experiencing shortages. The Political Economy of Migration reveals the exploitative dynamics between sending (developing) and receiving (developed) countries, highlighting Nigeria's loss of trained professionals as a wealth transfer. The migration patterns of health workers are inadequately explained by existing paradigms; instead, they need to be understood through constitutional, collective, and operational paradigms. The internal factors driving this migration are linked to Nigeria's state fragility and the broader political economy, indicating that economic conditions in Nigeria push healthcare workers towards more stable markets.

Method

The study takes a qualitative approach to understanding the health workers migration in the context of Nigeria healthcare sector. It adopted secondary data—records, material gleaned from National daily newspapers, social media posts, online commentaries, and related health sector documents to highlight Nigeria health workers migration patterns, causes and impact on SDG 3 in the Nigerian health sector. To

provide the context of the results, some of the information were presented as literary illustrations, while other information was presented as an anthropological synopsis.

Migration of medical professionals in Nigeria: Socio-Historical Pattern.

The movement of healthcare professionals from Nigeria to Western nations in search of better economic and social opportunities is a growing concern. This is because it could jeopardize the achievement of Sustainable Development Goal Number 3 (SDG 3)(which is to ensure healthy lives and promote well-being for all at all ages), and deteriorate the already appalling healthcare system in the nation (Nigeria.un.org, n.d.). Migration of healthcare professionals, also known locally as Japa, has increased recently and poses a serious threat to the growth of the nation's health sector and SDG (Adelowo, Nihinlola Olubunmi Florence,Bello, Sunday Ade, and Oyewusi, Bose Mary 2024;globalfamilydoctor. com, 2010). The socio-historical pattern of health worker migration in Nigeria could be traced back to the event of 1960s when the country gained independence. During this period, Nigeria was experiencing economic growth, and there was a high demand for healthcare workers, particularly doctors and nurses, in the country's urban centers (Moriarty, Plsek & Wiseman, 2022). But as the oil boom began in the 1970s, the nation's economic fortunes changed, and the health sector saw a decline in well-deserved attention. This decline was characterized by insufficient funding, a lack of essential amenities and infrastructure, and a general disregard for the health sector by succeeding governments (Moriarty, Plsek & Wiseman, 2022). Health professionals fled the country in search of better opportunities due to the failing healthcare system, unfavourable working conditions, and low pay. The most sought-after locations for Nigerian healthcare professionals are the United Kingdom, the United States, and Canada.

The National Health Services (NHS) in the United Kingdom (UK) employ an estimated 5,405 doctors and nurses who received their training in Nigeria, according to statistics made public by the British government. Additionally, it was revealed that of the 137,000 foreign workers representing 202 nationalities who assist British doctors and nurses, 31% are medical professionals from Nigeria (Blavatnik School of Government Oxford University Press, 2023). Contrary to the WHO recommendation of 1:600, this development has worsened Nigeria's physician-patient ratio, which currently stands at 1 doctor for every 5,000 patients (Punch Newspaper, December 2025). In the U.K., the ratio of doctors to patients is 1:300. In the meantime, the report revealed that as of 2024, over 23,000 Nigerian nurses and midwives migrated abroad (Punch December,2025). Poor working conditions, insufficient compensation, a lack of opportunities for professional growth, and inadequate infrastructure are the main causes of this trend (The National Center for Biotechnology Information, 2020). In 2019, there were 24,600 doctors in Nigeria, which had a population of about 206 million. This is according to the data that is currently available in Statista Research Department, Nov 24, 2025. There were 16,000 male doctors and about 8,600 female doctors. Nigeria produces about 3,000 doctors annually, while there are roughly 1000 who leave (Blavatnik School of Government (BSG) University of Oxford, 2023). In addition to weakening Nigeria's health systems, physician emigration has a negative impact on the country's economy (Onah et. al., 2022).

The Sustainable Development Goal 3 is about increasing health financing and the recruitment, development, training, and retention of the health workforce in developing countries (UN Nigeria Newsletter – January, 2020). A potential obstacle to addressing the shortage of healthcare workers in low- and middle-income nations, including Nigeria, is the international recruitment of healthcare professionals (Anesi, & Kerlin, 2021). This tactic, however, has drawn criticism for perpetuating inequality and depriving developing nations of their skilled labour force (Wahedi & Bozorgmehr, 2019). Therefore, it is imperative to address the underlying causes of healthcare worker migration in Nigeria, such as insufficient funding, subpar working conditions, and inadequate infrastructure. Medical worker migration abroad is not unique to Nigeria, and migration elsewhere does not typically take the form of a mass, desperate movement like it

does in Nigeria. That indicates that something is wrong in the Nigerian health industry. Unfortunately, the few wealthy Nigerians who travel abroad for medical care find themselves being treated by Nigerian professionals, indicating that the issue is not with the medical staff but rather with the extremely unfavourable environment and conditions in which they work here in Nigeria(Simon Tumba,2023). Nigeria is struggling with a depleted health care system and a large population lacking access to adequate medical care. The SDG sustainability advocate should take these seriously. In 2022, the exodus of Nigerian healthcare workers has accelerated to the point where a labour shortage seems to have affected every hospital and other medical facility.

Sustainable Development Goals 3 (SDG3) and Universal Health Coverage

The Sustainable Development Goals 3 gives universal health coverage a special emphasis in order to achieve equitable access to healthcare globally. In 2015, the United Nation formed a Task Team, that developed a framework that takes the next 15 years' worth of factors into account in the areas of sustainability, economic growth, social progress, and environmental protection. In order to address the Millennium Development Goals, the SDGs, which have 17 goals, were created. These goals address equity and inequality within and between countries. Human resources for health are recognized as a key SDG3 to achieving universal health coverage because everyone should have access to healthcare without experiencing financial hardship when paying for it. Universal health coverage encompasses all aspects of health promotion, prevention, and treatment, as well as rehabilitation and palliative care (World Health Statistics, 2016). This necessitates the development of health workforce planning, retention, distribution, and sustainability strategies at the local, state, and federal levels of government. The Global Strategy on Human Resources for the Health Workforce 2030 was one of the global initiatives put in place to accomplish the SDGs' goals. The 69th World Health Assembly of the WHO gave its blessing to this body (WHO, 2015). By advancing socioeconomic factors related to the SDGs, the strategy seeks to improve population health outcomes. The distribution of healthcare professionals should be improved, and nations are urged to invest in human resources. With a focus on Third World countries (TWNs) and Small Island Developing States (SIDS) of the world, the SDGs provide a framework for countries to achieve population health outcomes. The primary goals of SDG3 would be more challenging and complex to accomplish given the current migration of medical professionals from Nigeria to western countries. It is essential for the nation to reinvest in health workers and to work toward achieving universal health coverage by 2030 in the context of growing interdependence in a globalizing world in order to achieve the "equilibrium" state of skilled health workers, health inequity, and access in Nigeria health sector.

Factors Fostering Migration of Healthcare Workers.

The migration culture in medical schools is one of the many persistent factors encouraging the migration of health professionals in Nigeria. They asserted that Nigeria and Ghana had highly developed versions of this phenomenon. According to their narrative, medical students in this culture of migration receive information about the tangible and intangible advantages of their migration experience from their professors, relatives, and other sources. They asserted that this culture is pervasive among medical professionals, particularly among doctors and their families. It is common knowledge that it would be difficult to locate a senior physician who has not at least occasionally travelled abroad. On one or more foreign family tree branches, families can find a relative who is a doctor (Hagopian et al. 2004).

A situation where migration becomes more common within a community and changes cultural beliefs and values in ways that increase the likelihood that people will migrate in the future is referred to as a "culture of migration" (Massey et. al., 1993:452). A community's migration culture is directly influenced by its migration history, which is evident in how the community views migration and how many of its residents

want to move. The issue of how migration of medical doctors is viewed in the medical schools is brought up by the existence of this culture in Nigerian medical schools. It is unlikely to be perceived as a loss when the culture actively supports it in the face of a national shortage of healthcare workers. As cultural values that support international migration are primarily transmitted through family and other networks (such as kin, friends, and professional colleagues), it also introduces the impact of the family and other networks. The "New economics of labour migration" (NELM) theory, which places the family (along with other larger units) at the centre of the decision to migrate, is supported by the inclusion of the influence of family and social ties in the decision to migrate after graduation and the possibility that migration from Nigeria is not seen as a loss to Nigeria. The results of the research findings by Hagopian et al., 2024 pointed to the contrary. The four institutions in their study have a long history of exporting medical graduates, which is why they were ranked among the top 10 international providers of medical graduates to the USA. However, the fact that only four medical schools offered an opinion raised a number of questions, and the conclusion in the case of Nigeria could not be considered substantive.

The culture of migration in these selected schools will therefore, and for obvious reasons, support medical migration and this does not imply that the study cannot attest to the representativeness of the study sample, nor can it be asserted that there is a well-developed culture of medical immigration in medical colleges across the nation. Hagopian and colleagues were unable to generalize their findings to other medical colleges in Nigeria despite the fact that there are numerous active medical colleges in the nation because they specifically chose the schools with the highest concentration of emigrant Nigerian doctors in the US for their research. Also, the four colleges cited in the Hagopian et al., 2004 are in the southern part of Nigerian and were federal schools. The issue of generalizing their findings would greatly resolve by determining whether this culture of migration also exists in medical schools in northern Nigeria or in other institutions that are not well known for producing a significant number of international medical graduates. The ongoing emigration of healthcare professionals from Nigeria is being fuelled by a number of factors, including the conflict between the government and healthcare professionals. These include: lack of political will, corruption, a lack of funding, and shoddy infrastructure (Lolade Akinmurele businessday.ng, 2019).

Insufficient funding severely affects the healthcare system because it results in a lack of staff, supplies, and equipment (Lolade Akinmurele, business day. ng, 2019). Corruption has negative effects on both the availability of funding for infrastructure upgrades and the availability of healthcare workers(U4 Helpdesk Answer, 2023). Other factors included, but are not limited to, nepotism, poor leadership, inadequate regulation of medical training and practice, poor relationships within the medical profession and interdisciplinary rivalries in the health sector, lack of job satisfaction with a poor economic situation. In addition to weakening Nigeria's health systems, physician emigration has a negative impact on the country's economy because it lowers the return on investment (Onah et al., 2022).

Over 60% of registered Nigerian doctors now practice abroad, which has alarming repercussions for the healthcare industry (The Organization for World Peace, 2019). This is due to the rising trend of migration among Nigerian medical professionals. Nigeria is one of the top 13 African nations where residents want to immigrate to Europe and other nations due to poverty and/or hardship, according to an Afrobarometer survey, with a rate of 31%. While migration can generate remittances to support families back home and help fill labour shortages in destination countries, it can also have unfavourable effects. It should be noted that immigration has been criticized by populist movements in the West as a threat to domestic employment, national security, and national culture due to its detrimental effects on developing countries.

Implications of Healthcare Workers Migration on SDG 3

SDG 3 is to ensure healthy lives and promote well-being for all at all ages. According to the WHO, (2006), the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, without distinction of race, religion, political belief, economic or social condition, and that healthy lives is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. The multifaceted concept of "well-being" is based on the fulfilment of one's physical, emotional, affective, and psychological needs. Well-being is the opposite of illness because it is obviously dependent on both physical and mental health. But it goes further than just these two areas of health. The concept of universal health coverage is crucial with regard to SDG 3. According to the WHO (2015), it entails making sure that all communities and all individuals receive the services they need, are safeguarded against health threats, and are safeguarded against financial hardship. How well Nigeria will be able to achieve the aforementioned SDG 3 objectives is a fundamental problem considering the mass movement of health workers. Healthcare in Nigeria is in a terrible state, which is directly related to the alarming level of decline that has marked the industry. The standard of the industry had been in a mess since 1970s. The decline has been brought on by subsequent administrations' negligence. In fact, the nation's health system is in a state of writhing chaos and is now perilously close to a total collapse. Achieving SDG 3 requires the promotion of well-being for all people of all ages and the sustainability of healthy lifestyles (sunnewsonline.com, 2022). The achievement of SDG 3 is significantly impacted by this migration of healthcare professionals from Nigeria to Europe. Due to the exodus of medical professionals, which makes Nigeria's already subpar healthcare system even worse (National Center for Biotechnology Information (NCBI), 2021). The rising trend in doctor migration may make it difficult for Nigeria to achieve some of the SDG3's objectives.

According to research findings, a significant number of health workers who are enmeshed in the migration have declared that they have lost faith in Nigeria and think the country is incapable of fulfilling any of its promises to them. (Ojo, T.O, Oladejo, B.P, Afolabi, P.K, Osungbade, A.D, Anyanwu, P.C & Ekha I.S, 2023). However, a lot of people have chosen to change their career and educational paths. Additionally, many other professionals have chosen to embark on even riskier travels, like traversing the Mediterranean Sea. Therefore, the belief is that relocating to a different nation will offer them more opportunities for work and education, as well as a more secure and safe future for their children. They believe that these benefits are not as clear in Nigeria these days (Onah et.al.,2022). Regardless of the purported benefits, the truth is that emigration from Nigeria and other economic sectors suffer significantly more from the emigration of skilled professionals.

A large portion of the nation's human capital, which were trained with public funds, are being lost every day. The improvement in health professional recruitment, retention, and professional development in developing nations are among SDG 3's objectives. Nigeria might not meet these targets by 2030 given the speed at which doctors are leaving the nation. Due to poor service delivery, inadequate infrastructure, and a shortage of health professionals, the country's health system is already precarious situation (Businessday.ng, 2019). Despite this severe shortage, many Africa nations continue to export medical specialists to advanced Western countries (Hagopian et. al., 2004; Ogilvie et al., 2005, 2007; Pettersson & Clemens 2008). These problems are made worse by the migration of healthcare professionals, which limits the government's ability to offer its citizens high-quality healthcare (OWP, 2019). Physician emigration not only weakens Nigeria's healthcare systems but also has a negative economic effect due to the decreased return on investment (National Center for Biotechnology Information, National Library of Medicine, and National Institutes of Health, 2021). Statistics show that Nigeria spends more than \$1 billion annually on medical tourism. These enormous sums of money could have been used to improve healthcare, grow our economy, and offer highly specialized care. On the other hand, Nigeria's health sector may be hampered by aging and damaged infrastructure, a workforce that is underpaid, and a workforce that is unable to meet the demands of a growing population.

It is impossible to overstate how crucial it is to have a working healthcare system. The state of the economy and social welfare is two major contributors to brain drain. Therefore, making a significant financial commitment in the form of better governance and the development of necessary infrastructure in the health sector would aid the country in keeping doctors.

Furthermore, it is evident that healthcare in our nation is not a top priority despite the significant funding allotted to the health sector by the previous successive governments: the majority of decision-makers choose to travel abroad in the event of a medical emergency. Unless governments give healthcare service delivery top priority, this dramatic exodus of doctors will continue. The irony is that it will be challenging to fix a healthcare system that you don't believe in and support. The State House Clinic, which was established to care for the former President and Vice President, their families, and staff members of the Presidential Villa in Abuja, has recently joined the league of hospitals that are unable to provide high-quality medical care, which is extremely alarming and even more repugnant. This fact has been made obvious by the former president, his family, and former villa officials' constant visits to foreign hospitals at the first sign of illness for people with such personalities(Anthony Ailemen, December 24, 2020).

The question is how the average citizen would access the free and equitable services described in the SDG3 documents in this situation. By expecting the government to provide free health care for everyone, it would seem that we Nigerians are adopting a fool paradigm. We hope that this new, prosperous administration will see fit to reconsider and direct serious resources, a firm commitment, and immediate attention toward the growth of the Nigerian health sector in order to make SDG3 a reality project. Finding qualified workers in the country will become more difficult and health status inequality will rise as a result of ongoing healthcare worker migration. This is conceivable if the government is unable to ensure prompt replacement of the medical staff that left the country's healthcare facilities

Conclusion and Recommendations

The mass exodus of Nigerian healthcare professionals, or "Japa," represents a systemic threat to the realization of Sustainable Development Goal 3 (SDG 3). This research has demonstrated that while historical economic shifts initiated the brain drain, contemporary factors—including poor remuneration, deteriorating infrastructure, and a lack of political will—have accelerated the collapse of the domestic healthcare system. The resulting physician-to-patient ratio of 1:5,000 fundamentally undermines Universal Health Coverage (UHC) and leaves the nation's human capital exploited by developed economies. To reverse this trend and sustain the health system by 2030, the following specific actions are recommended:

Fiscal Commitment: The Federal Government must bridge the gap between the current 6% health budget allocation and the 15% pledged in the Abuja Declaration to improve infrastructure and pay.

Competitive Compensation: Wages for health professionals must be aligned with international standards to increase the "opportunity cost" of emigration.

Institutional Autonomy: Chief Medical Directors (CMDs) should be granted the "free hand" to hire young professionals and replace exited staff without political interference in the recruitment process.

Resource Optimization: Government must invest in essential diagnostic technologies (CT scanners, X-rays, and labs) to empower clinicians to provide quality care.

Workforce Retention & Re-engagement: Strategies should include engaging retired consultants and nurses to fill manpower shortages and creating virtual consultation platforms for the Nigerian medical diaspora.

Financial Protection: To achieve UHC, the government must expand the National Health Insurance Scheme (NHIS) to reduce out-of-pocket expenditures, which currently drive many citizens into poverty.

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