



NATIONAL POLICY ON

On Health Workforce Migration

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LIST OF ABBREVIATIONS

CHEW	Community Health Extension Workers
CSO	Civil Society Organization
CPD	Continuing Professional Development
DHPRS	Department of Health Planning Research and Statistics
EHR	Electronic Health Record
FCT	Federal Capital Territory
FRN	Federal Republic of Nigeria
FMoE	Federal Ministry of Education
FMOH&SW	Federal Ministry of Health and Social Welfare
FMoL&E	Federal Ministry of Labour and Employment
GATS	General Agreement on Trade and Services
HCWs	Health Care Workers
HMIS	Health Management Information System
HWF	Health Workforce
HRH	Human Resources for Health
HRHSP	Human Resources for Health Strategic Plan
HRIS	Human Resources Information System
HSS	Health Systems Strengthening
ILO	International Labour Organization
ISS	Integrated Supportive Supervision
IOM	International Organization for Migration
LGA	Local Government Area
MDAs	Ministries, Departments and Agencies
MNCH	Maternal Newborn and Child Health
MCPD	Mandatory Continuing Professional Development
NBTE	National Board for Technical Education
NDHS	National Demographic and Health Survey
NC	National Coordinator
NCH	National Council on Health
NEC	National Economic Council
NHIA	National Health Insurance Authority
NHRHP	National Human Resources for Health Policy
NHCR	National Health Research Committee
NiDCOM	Nigerians in Diaspora Commission
NUC	National Universities Commission
NSHDP	National Strategic Health Development Plan
OECD	Organization for Economic Corporation and Development
PTDF	Petroleum Technology Development Fund
PHC	Primary Health Care
PPP	Public Private Partnership
SDGs	Sustainable Development Goals
SHWs	Skilled Health Workers
SMOH	State Ministry of Health

TETFund	Tertiary Education Trust Fund
TWG	Technical Working Group
UK	United Kingdom
US	United States
WHO	World Health Organization
WTO	World Trade Organization

FOREWORD

Nigeria, a nation of diverse cultures, rich heritage, and growing potential, stands at the crossroads of global interdependence. As the world grapples with the challenges of an evolving healthcare landscape, one of the pivotal issues confronting our nation is the migration of our valuable health workforce.

The National Policy on Health Workforce Migration in Nigeria marks a significant stride in our journey towards a healthier, more prosperous future. This policy is born out of a collective resolve to address the complex dynamics of health worker migration, ensuring that the exodus of our skilled healthcare professionals does not compromise the health system's integrity and the well-being of our citizens. In line with the Nigeria Health Sector initiative, the policy seeks to manage migration in order to improve the health system for efficient, equitable and quality health service delivery.

Health workers are the backbone of any robust healthcare system. Their dedication and expertise play a fundamental role in advancing the health agenda of our nation. However, the allure of foreign shores, attractive opportunities, and improved living standards have led to a steady outflow of our health workforce.

This policy advances multi-sector and whole-of-government approaches to managed migration in Nigeria. It sets forth a comprehensive framework that aims to strike a delicate balance between the aspirations of our health professionals and the urgent needs of our nation. By fostering an environment that supports career development, enhances working conditions, and provides equitable compensation, we hope to create an ecosystem where health workers can thrive and contribute meaningfully to Nigeria's health system.

Crucially, the National Policy on Health Workforce Migration emphasizes a collaborative approach in engaging stakeholders across sectors and disciplines. It calls for active partnerships with National and international organizations, governments, and institutions, aiming to channel the flow of migration towards mutually beneficial outcomes while safeguarding the stability of our health system.

As the country embarks on this transformative journey, let us remember that the true measure of success lies not only in the policies we create but, in their implementation, and impact on the lives of our people. So, I call on all stakeholders to steer our Human Resource for Health towards a future where health workforce migration is managed as a force for positive change, propelling Nigeria towards greater heights of saving lives, reducing both physical and financial pains and producing health for all Nigerians.

Professor Muhammad Ali Pate, CON
Coordinating Minister of Health and Social Welfare

ACKNOWLEDGEMENTS

The development of the National Policy on Health Workforce Migration in Nigeria has been a collaborative endeavour that would not have been possible without the dedication, expertise, and support of numerous individuals and organizations. We extend our heartfelt gratitude to all those who have contributed to shaping this pivotal document, which holds the promise of shaping the future of healthcare in our nation.

We are deeply thankful to the health professionals, researchers, policymakers, and stakeholders who shared their insights, experiences, and expertise during consultations, workshops, and discussions. Your valuable contributions have enriched the policy's content and ensured its alignment with the realities on the ground.

Our sincere appreciation goes to the dedicated teams from the Federal Ministry of Health and Social Welfare, State Ministries of Health and FCT Health Secretariat, and Civil Society Organisations (CSOs) and the Consultant, Dr. Godwin Asuquo, who worked tirelessly to draft the policy framework and whose unwavering commitment to this endeavour has been instrumental in bringing the policy to fruition.

We are grateful to the World Health Organization - for technical and financial support with funds from UK DHSC and other partners, whose collaboration and support have been vital in shaping a holistic approach to health workforce migration. Your shared knowledge and best practices have helped us navigate the complexities of this global issue and devise strategies that benefit both our health workers and our nation.

The guidance and mentorship provided by the core team set up by FMOH&SW and all the experts in the fields of health, migration, and policy have been invaluable throughout this process. Your willingness to share your wisdom and insights has empowered us to make informed decisions and create a policy that is robust, comprehensive, and forward-looking. This policy is a testament to the collective efforts of all those who have contributed, directly or indirectly, to its creation. Your commitment to the betterment of Nigeria's healthcare system and the enhancement of our health workforce is deeply appreciated and recognized.

Together, we embark on a new chapter in our nation's healthcare journey, one that is characterized by collaboration, innovation, and a shared commitment to the health and prosperity of all Nigerians.

Dr. Chris Osa Isokpunwu

Director, Department of Health Planning, Research and Statistics
Federal Ministry of Health and Social Welfare

EXECUTIVE SUMMARY

The National Policy on Health Workforce Migration in Nigeria addresses a critical concern that impacts the nation's healthcare system. This policy aims to strategically manage health workforce migration to address the fundamental problems of the shortage of skilled healthcare professionals in Nigeria, particularly in rural and underserved areas.

Nigeria suffers from severe shortages of health workers, stemming from long-lasting issues on the production of skilled professionals and on the difficulty to deploy existing professionals in rural and underserved areas. In this context, the migration of healthcare workers has made these problems more salient. This policy outlines a comprehensive framework to address these fundamental challenges through the lens of a managed migration of the healthcare workers, focusing on improving quality and quantity of training, recruitment, and international cooperation.

The National Policy on Health Workforce Migration in Nigeria is a forward-looking strategy that seeks to strike a balance between the needs of the healthcare system and the aspirations of healthcare professionals. By implementing a holistic set of interventions to develop regular and managed migration systems, the policy aims to strengthen Nigeria's healthcare delivery, improve health outcomes, and secure the future of the nation's healthcare workforce.

Key Highlights of this Policy include:

1. **Aligns with UHC objectives:** Institutionalization of an effective well-managed migration of health workers linked to the Universal Health Coverage (UHC) aspirations of the Government of Nigeria.
2. **Makes the best use of HRH who remain in the country:** Providing meaningful incentives to HRH who are in the country, especially to those who choose to serve in rural and deprived parts of the country; those in training programs in the country and providing the necessary equipment and commodities to deliver quality care.
3. **As a basis for health systems strengthening:** Recognition that managed migration can play a key role in building capacity of health systems in Nigeria and skill/ knowledge transfer from the diaspora.
4. **Ex ante use of agreements:** Proposes the deployment and application of bilateral and multilateral agreements on recruitment of health professionals, while respecting the freedom of health workers to migrate. Such agreements will provide a basis to favour in-country migration and facilitate circular or return migration for critical skills.
5. **Policy supported by real time data:** Development and strengthening of a human resources for health registry to support the use of evidence-based

policies and provide data for improvement in the availability and international comparability of migration statistics for health personnel in Nigeria.

6. **Takes a whole of government approach:** Advances multi-sector and whole-of-government approaches to managed migration in Nigeria, by ensuring that the relevant institutions in relevant ministries such as, Federal Ministry of Education (FMoE), Federal Ministry of Labour and Employment (FMoLE) amongst others are involved in ensuring the optimization of the present health workforce and the production of a future health workforce that is responsive to the needs of the country and the world.
7. **Recognizes the role of the private sector as a source of innovation and health as a service:** The private sector is involved in the flow and production of skilled health workers and the use of “digital in health” as a way of delivering health services.

SECTION I: BACKGROUND

Health worker migration is driven by labour market forces, including education, working conditions, and pay, which increased during the COVID-19 pandemic. It relates to the movement of healthcare workers within states and Federal Government Health facilities due to lack of job satisfaction and job security. The World Health Organization predicts a 10 million shortage of health workers by 2030, mainly in low-income countries like Nigeria. Nigeria has a skilled health worker density of 1.83 per 1000, far below the WHO recommendation. Factors contributing to this include low production of health workers, poor management, and political and economic crises.

Nigeria ranks among the 37 countries with critical health workforce shortages, as contained in the WHO Health workforce support and Safeguards list. Nigeria has 0.363 medical doctors per 1,000 people, far below the WHO's threshold of 4.45 healthcare workers per 1000 people for adequate health coverage [2]. There is a pressing need to holistically address the issue of health workforce shortage in Nigeria, as it poses a significant barrier to achieving the SDGs, especially SDG3: "to ensure healthy lives and promote well-being for all at all ages."

In the backdrop of this scarcity, Nigeria has increasingly been a crucial supplier of healthcare workers abroad. Nigeria was the highest workforce-exporting country in Africa, with the UK, US, Canada, Australia, and Saudi Arabia as key destinations between 2021 and 2022, second to India, which has 42,966 healthcare workers, while the Philippines is third with 11,021 healthcare workers. But unlike India and the Philippines, Nigeria does not have a managed migration system and a robust system to train healthcare workers for domestic and global labor markets.

The WHO Global Code of Practice on the International Recruitment of Health Personnel was adopted by the World Health Assembly in 2010 to improve international health worker migration and minimize its negative consequences.

Improving training and recruitment programmes for health workers can help address the situation and contribute to progress towards the Sustainable Development Goals on health, gender equality, decent working conditions, economic growth, and reducing inequalities. A managed migration system can be used strategically to make substantive progress towards these goals.

Therefore, the governance of migration refers to rules (formal or informal) that exist to provide oversight of the HWF migration process, mitigate the impact of SHW migration on health service delivery, and to utilize migration opportunities to boost the supply of healthcare professionals in Nigeria. These processes shape how state and non-state actors respond to migration, foster cooperation between states, and uphold human rights. The definition is inherent to recognizing human rights norms as essential for promoting migration and people-centered health system governance systems. These norms include the right to migrate, fair wages, and proper working conditions for SHWs while protecting access to essential health services and the preconditions for health.

1.0 Data Collection Process

As part of the process for developing a national policy on Health workforce migration, the Federal Ministry of Health with support from the World Health Organization commissioned a rapid assessment of factors related to the upsurge in the migration of health workers from Nigeria to other countries.

The data sources for this assignment included data from the National Bureau of Statistics in Nigeria, National Population Commission, International Organizations: WHO, IOM, UNFPA and Diaspora Associations and Networks. Data were also sourced from National and International Databases like Global Health Observatory of the WHO and the International Migration Outlook from the Organization for Economic Cooperation and Development (OECD) and the Nigeria's National Health Workforce Profile 2022. Existing policies and other national documents were also consulted namely, the Nigerian Constitution, Public Service Rules, the National Health Policy and Health Act 2014, and other National Human Resources for Health documents.

Surveys and research studies from individual experts, research institutions, universities, and international organizations were also reviewed. Information was also obtained from professional regulatory bodies and professional associations like the Nigeria Medical and Dental Council of Nigeria, the Nigeria Medical Association, the Nursing and Midwifery Council of Nigeria and the National Association of Nigeria Nurses and Midwives, the Medical Laboratory Science Council of Nigeria, and others.

Twenty policy makers were selected from key MDAs, United Nations, Development Partners, and Civil Society. The questionnaire items enable the consultants to explore the following variables with the policy makers: the severity of the challenge of health

workforce migration, reasons for migration, interventions to regulate migration, and policy statements. Other variables include governance, relevant data and monitoring and evaluation.

Situation Analysis

Objectives of the Situation Analysis

The objectives are to:

- i. Determine the magnitude and patterns of Health Workforce Migration in Nigeria.
- ii. Explore the underlying push and pull factors of Health Workforce Migration.
- iii. Investigate the consequences of Health Workforce Migration on the Nigerian health system.
- iv. Identify policy recommendations and interventions.
- v. Explore potential solutions to health workforce migration in Nigeria.

Healthcare workforce migration worsens the shortage of healthcare professionals, leading to longer waiting times, reduced patient-to-provider ratios, limited access to specialized care, and decreased quality of healthcare services. This also weakens the healthcare system's ability to respond to public health challenges and perpetuates the cycle of workforce shortages by reducing investment in health education and training.

In Nigeria, factors that contribute to health workforce migration can be categorized under economic, political, social, and environmental factors which include low and non-suitable salaries, poor working conditions, poorly equipped health facilities, lack of assessable and non-affordable healthcare, limited job prospects and inadequate resources.

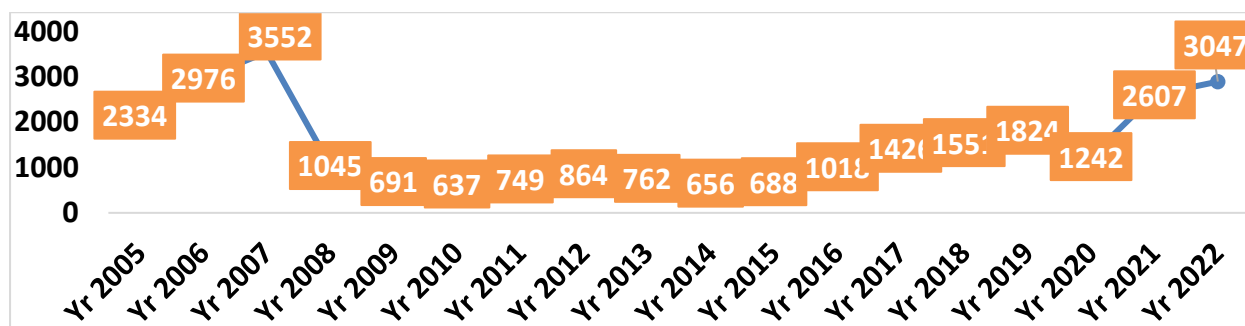
Strategies to mitigate migration include improving working conditions, providing professional development opportunities, promoting political stability, implementing policies and incentives for underserved areas, and creating robust migration governance structures. Nigeria must have necessary governance structures such as national planning and management, regulatory frameworks, and ethical recruitment practices.

1.1 Magnitude and trend of migration among Nigerian health workers

Data collected from regulatory bodies give an indication of the magnitude and trend of migration of different cadres of health workers over the years, below are some of the most impacted categories of health workers, this represents health workers who requested for letters of good standing or verification from the respective regulatory body.

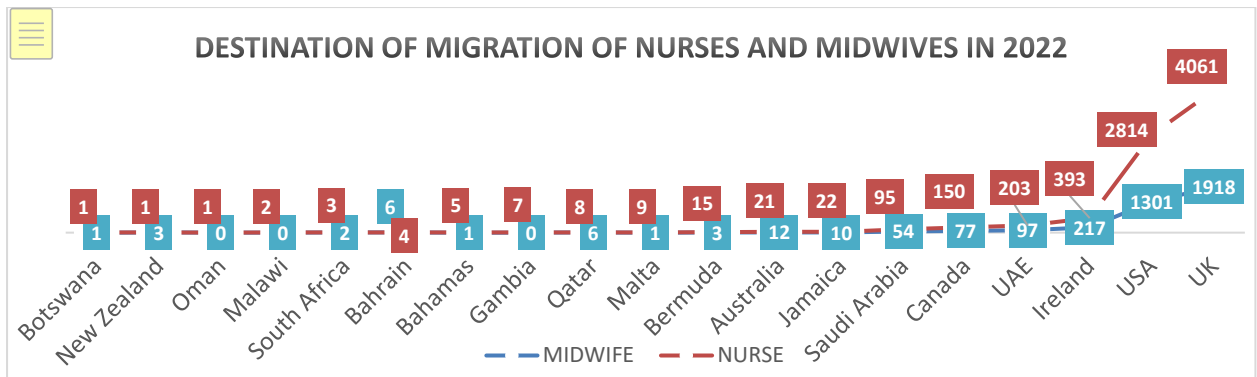
Medical and Dental Council of Nigeria (Medical Doctors and Dentists)

The year 2022 represent the peak of migration of medical doctors with over 3000 doctors requesting for letter of good standing from the MDCN. As of December 2022, the United Kingdom is the destination for 68% of Nigeria's medical and dental professionals who migrated out of Nigeria through MDCN. Other countries of destinations are Canada (10%), USA (7%), UAE (5%), Australia (3%), Ireland (3%), Saudi Arabia (1%) and Maldives (1%) (*Note that this figure does not represent the total migration of medical and dental professionals but only those that informed MDCN about their migration*). 89% of all external migrants indicated that their reasons for external migration are for professional practice.



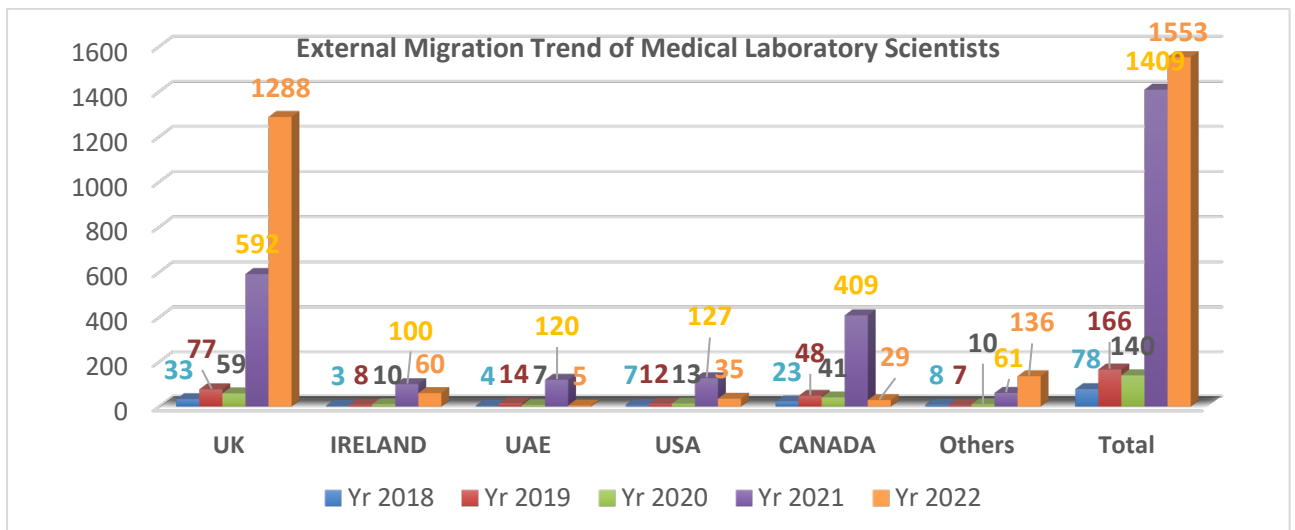
Nursing and Midwifery Council Of Nigeria (Nurses and Midwives)

There was a huge jump in the number of Nurses requesting for verification to migrate from NMCN, with 52% of nurses and midwives who needed a letter of good standing to move chose the United Kingdom as their new home, while 36% chose the United States of America. Other 17 countries account for only 12% of the total migration number



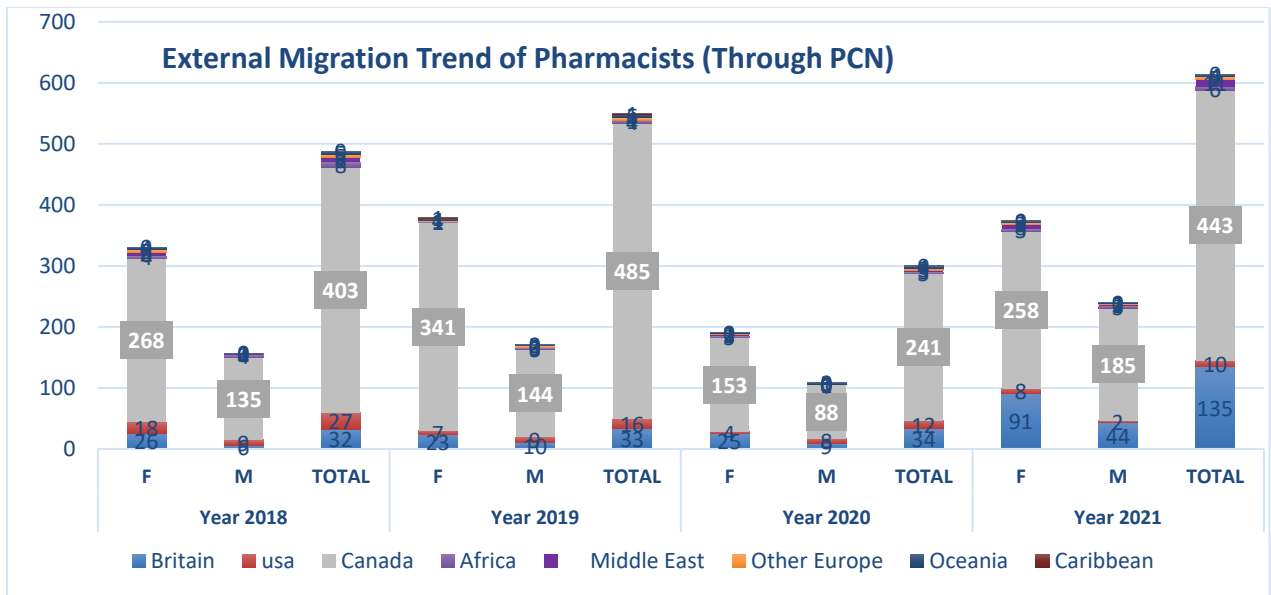
Medical Laboratory Science Council of Nigeria (MLSCN)

Year 2021 and 2022 alone accounted for 89% of the total migration of Medical Laboratory Professionals through MLSCN between 2018 and 2022.



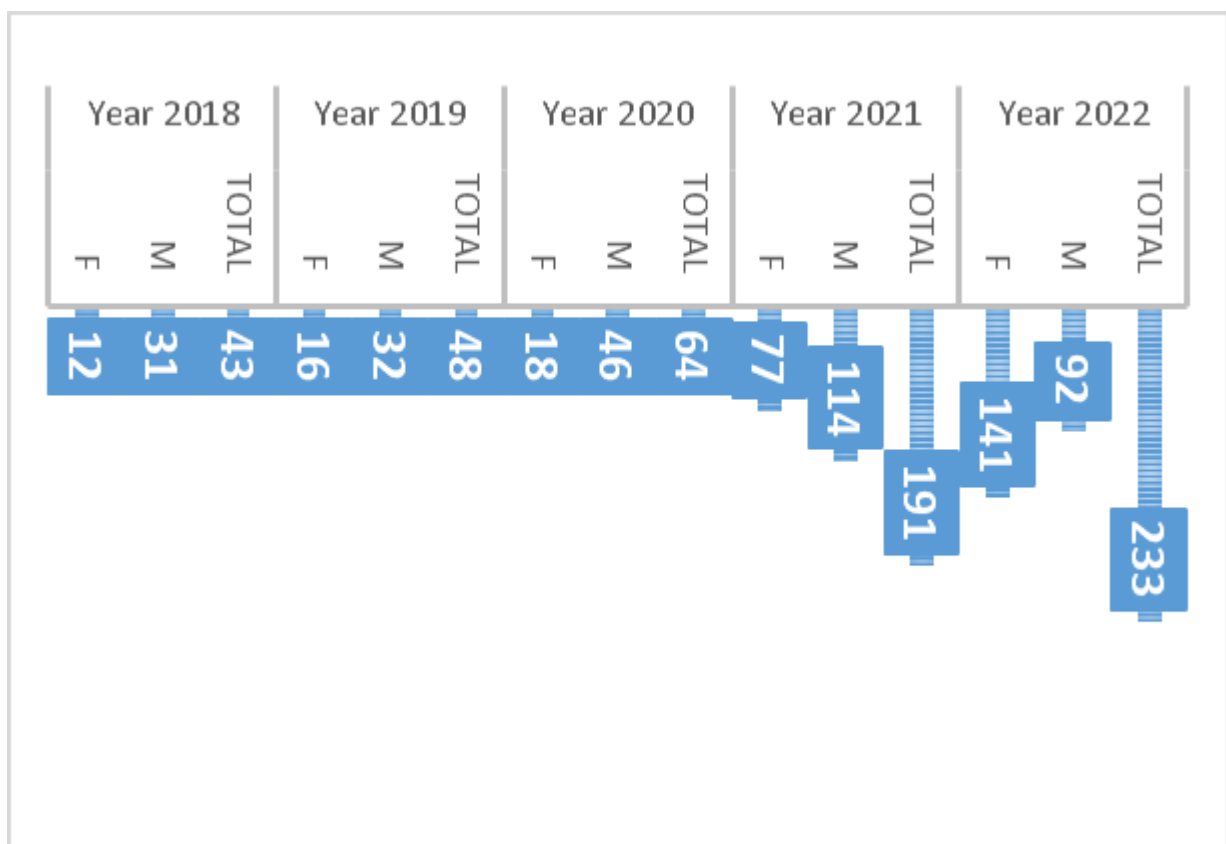
Pharmacy Council of Nigeria (Pharmacists)

Canada is the destination for 72% of pharmacists who left Nigeria through PCN in 2022, the number of Pharmacists who migrated through PCN has not changed significantly compared to other cadres of health workers between 2018 and 2022.



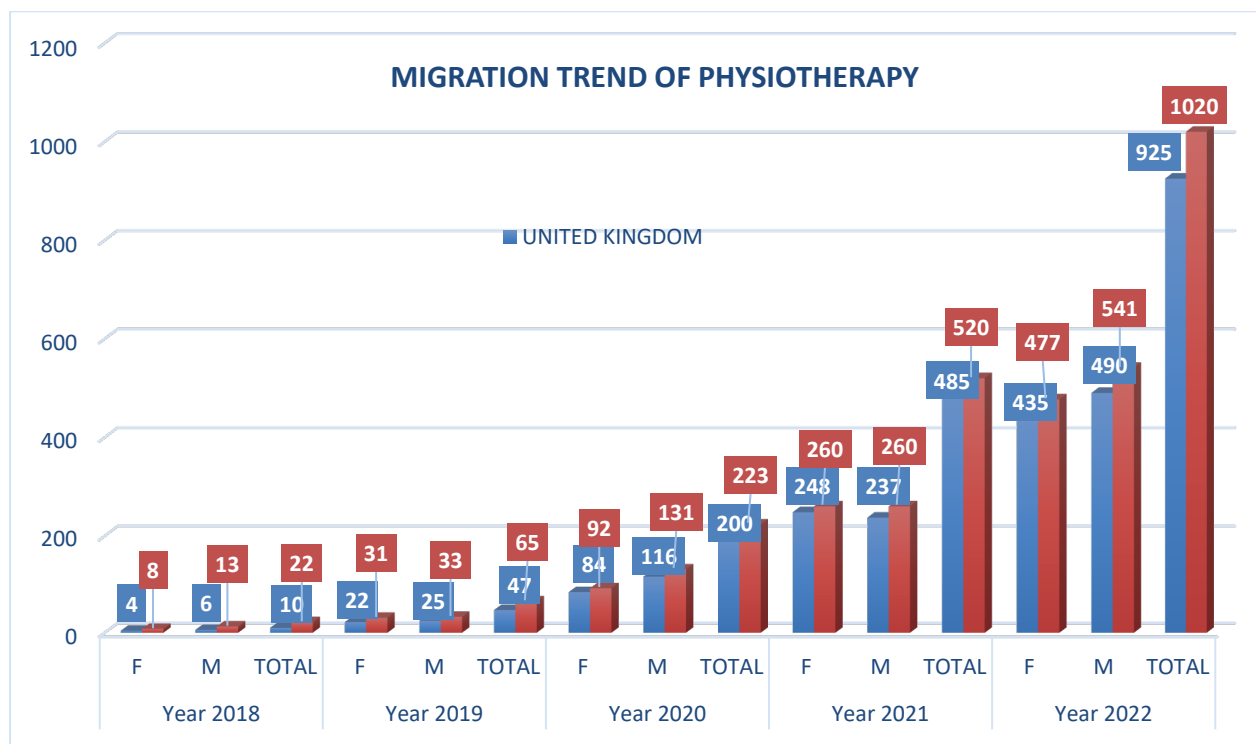
Optometrists

There has been a steady rise in the number of Optometrists who have migrated from Nigeria from 2021, this is more concerning when compared the numbers who migrated in 2021 and 2022 to the total number of graduates



Physiotherapists

In 2022, 1,020 physiotherapists requested letters of good standing from MRTBN to process their traveling, this number of physiotherapy emigrants is more than the total number of physiotherapy emigrants through MRTBN in the previous four years (from the year 2018 to 2021). Out of tens of countries that need a letter of good letter of good standing, the United Kingdom is the home destination of 91% of physiotherapists who left the country through MRTBN



All the respondents interviewed felt that health workforce migration is a huge challenge to the Nigerian health sector. They believed that health and care workforce migration worsens the shortage of healthcare professionals, leading to longer waiting times, reduced patient-to-provider ratios, limited access to specialized care, and decreased quality of healthcare services. This also weakens the healthcare system's ability to respond to public health challenges and perpetuates the cycle of workforce shortages by reducing investment in health education and training

Eighty percent (80%) of the respondents felt that the most important driver is economic and 20% felt that the most important factor was professional growth. Factors that contribute to health workforce migration was categorized under economic, political, social, and environmental factors which include low and non-suitable salaries, poor

working conditions, poorly equipped health facilities, lack of assessable and non-affordable healthcare, limited job prospects and inadequate resources.

1.2 Rationale

The migration of healthcare workers (HCWs) from resource-limited settings, including Nigeria, has become a pressing global health issue with implications for population-level health outcomes. Despite the annual high turn-out of health professionals from the training institutions in the country and the WHO recommendation of a health workers density of 4.45 per 1000 populations, Nigeria is stalled at 1.83 HWs per 1000. One of the main factors behind this is the increasing migration rate of health workers out of the shore of Nigeria, which placed Nigeria as the highest workforce exporting country in Africa and ranked among one of the 37 countries with critical health workforce shortage. For Nigeria to achieve universal health coverage and meet the target for SDGs 3 by year 2030, it is imperative to put in place a Health Workforce Migration Policy to provide strategic direction for retention and attraction of the health workers in and to the country.

1.3 Vision

A thriving, resilient and responsive healthcare system that attracts and retains a skilled, diverse, and motivated health workforce for the attainment of Universal Health Coverage.

1.4 Mission

To develop and implement comprehensive strategies that address the challenges of health workforce while promoting the well-being of healthcare professionals through sustainable, international collaboration, and enhanced working conditions that aspires to manage the outflow of healthcare professionals and ensure equitable access to, and position Nigeria as a hub for healthcare excellence in the world.

1.5 Policy Goals

- a. To produce appropriate and adequate human resources for health to deliver integrated people centered healthcare at all levels of the health system.
- b. To have a mutually beneficial migration policy that encourages bilateral agreements with other countries for a seamless flow of Nigerian health professionals to and from destination countries and States within Nigeria.
- c. To meet the healthcare delivery needs of the country.
- d. To have an adequate, equitably distributed, and well-motivated health workforce in Nigeria.

1.6 Policy Objectives: 1

- i. Put a mechanism in place for routine tracking of the inflow and outflow of HRH for the country.
- ii. Ensure provision of adequate funding and infrastructural upgrade for the training institutions in the next two years; and expand the training capacity of the training facilities to produce an adequate number of healthcare professionals.
- iii. Establish clear career pathways and on-the-job training opportunities that allow health workers to advance their careers without relocation.
- iv. Offer adequate, competitive, attractive benefits and security to health workers in rural and underserved areas as well as train and bond them to serve in their own rural communities for a specified period.
- v. Create and implement innovations that meet needs and enhance efficiency and effectiveness in the management of Health Workforce Migration.

SECTION II: GUIDANCE PRINCIPLES AND THEMATIC AREAS

2.1 Introduction

This policy on health workforce migration shall consider the freedom of movement of health personnel, in accordance with applicable laws in the Constitution of the Federal Republic of Nigeria (FRN), 1999 (as amended), and the WHO Global Code of Practice on International Recruitment of Health Personnel 2010, to migrate to countries that wish to admit and employ them. It would also be based on principles of social justice, human rights, equity, transparency, and fairness all geared towards realizing the goals and objectives of the Health Workforce migration policy.

This document shall promote the right culture of inclusion, equity, and social justice in mitigating the negative effect of health workforce migration both locally and internationally as provided in the National Human Resources for Health Policy 2020). Furthermore, it recognizes the movement of natural people under the General

Agreement on Trade and Services (GATS) provisions of the World Trade Organization (WTO).

- **Equity and Social Justice:** Health workforce migration shall occur under the condition of equity, dignity, social justice, and security as provided in the Constitution of the FRN, 1999 (as amended) Chapters 4:4.41, Chapter 2:17, WHO Code of Practice on International Recruitment of Health Personnel 2010 (Article 4:4.6), National Human Resources for Health Policy 2020, Chapter 4:4.14 and enabling laws available in the destination countries.
- **Human Rights:** The HWF shall have the right to be treated with respect and dignity in both countries of origin and destination. As enshrined in the Constitution of the FRN 1999 (as amended) Section 33-34, the UN Human Right Law (Article 28), and The National Policy on Labour migration, 2020 p. 30.
- **Transparency:** There shall be transparency in the migration, recruitment, and disengagement of the HWF either nationally or internationally with respect to labor laws and existing policies (WHO Global Code of Practice on International Recruitment of Health Personnel 2010, Article 3:3.5), and National Policy on Labor migration, 2020 p. 14)
- **Fairness:** HWF shall have the right to be treated fairly as it relates to working conditions including promotion, and in relation to their counterparts or colleagues of equal status or rank even in the destination countries, as earlier referenced in the relevant laws quoted above.
- **Equality:** As applicable in the WHO Global Code of Practice, the health workforce shall have equal rights with their counterpart as it relates to their practice capacity, work environment, remuneration, and work engagement in the destination countries, as earlier referenced in the relevant laws quoted above.
- **Recognizes the movement of natural persons under the GATS provisions of the WTO:** Under the General Agreement on Trade in Services (GATS), services can be supplied internationally in four different ways — known as "modes of supply". Mode 4 refers to services offered by individuals of one WTO member through their presence in the territory of another. It covers employees of services firms and self-employed service suppliers. Mode 4 commitments (individuals travelling from their own country to supply services in another) are commitments that apply generally to all services sectors. In the health sector, the supply of services will refer to the movement of natural persons such as nurses and doctors.

Nigeria does not currently have commitments in any of the four sub-sectors of the health and social services sector.

- **Health as a service:** This policy document supports the process of exploring how with the right type of regulation and management, the movement of health workers as a trade in services can have positive effects for both Nigeria and destination countries. It will support the effort of the country under entries that apply only to a particular service viz “Sector-Specific Sections”.

2.2 Thematic Areas of the Policy

This policy shall focus on the following thematic areas in mitigating the negative effect of health workforce migration in the country.

- i) Incentives
- ii) Health Workers Safety
- iii) Capacity Development, Strengthening Health Workforce Education and Training
- iv) Health Diplomacy, Ethical Recruitment, and Equality
- v) Research, Innovation, and Strategy
- vi) Governance and Leadership
- vii) Monitoring and Evaluation
- viii) Summary of Implementation Modalities

SECTION III: INCENTIVES

3.1 Introduction

This section highlights the incentive program that shall attract health workers to remain in Nigeria and have a full-filling career without considering migrating out of the country as an option.

3.2 Goal

To have an adequate, equitably distributed, and well-motivated health workforce in Nigeria.

3.3 Objectives

- a. To establish mechanisms for recognition and motivation for health workers.
- b. To establish clear career pathways and on-the-job training opportunities that allows health workers to advance their careers with or without domestic and international migration.
- c. To make digital health infrastructure (telehealth) available in the Nigerian health system for health service delivery and practices.
- d. To offer adequate, competitive, and attractive benefits and security to health workers in rural and underserved areas, including future career advancement options. This can be complemented with training CHEWs to serve in their own rural communities for a specified period.
- e. To develop a return-to-practice program with special incentives for health workers who want to return to Nigeria.
- f. To ensure work-life balance for health workers to enhance harmony between their professional and personal responsibilities.

3.4 Incentive Program, Recognition and Appreciation

- i. *Federal and State Governments will develop a special incentive program for all HWF serving in rural and underserved areas.*
- ii. *The federal and state ministries of health in collaboration with federal and state ministries of finance shall create easy access to special credit facilities, and tax holidays for health workers and other investors to establish functional private healthcare services centers.*

- iii. *The Federal and State Ministries of Health in collaboration with all relevant Insurance Agencies shall expand services to cover all healthcare workers.*
- iv. *Government and relevant MDAs shall create modalities for special mortgage facilities for healthcare workers to easily own houses, cars, and other essential assets.*
- v. *The Federal and State Ministries of Health in collaboration with the Offices of the Head of the Civil Service, the National Salaries, Income and Wages Commission shall ensure periodic review of healthcare workers' salaries, benefits, pensions, and allowances.*
- vi. *Federal and State Governments shall ensure the provision of adequate equipment and supplies that will make working conditions encouraging.*

3.5 Capacity Building and Institutional Development

Capacity development of Human Resources for Health shall be approached based on a three-pronged dimension. This includes individual, organizational, and societal (often referred to as the enabling environment). Strengthening local training institutions and providing opportunities for professional development and career advancement can incentivize healthcare workers, including using proactive partnerships with destination countries to build stronger training systems for domestic and global markets.

- i. *Government at all levels in collaboration with relevant institutions and regulatory bodies shall ensure continuous professional development of healthcare professionals in line with national and global best practices.*
- ii. *The Federal Ministry of Health, in collaboration with States and Local Government and relevant regulatory bodies, shall institutionalize technology transfer through the upgrade of existing Health Facilities and provide the latest medical equipment for health workers to upgrade their skills and practices.*
- iii. *Federal and State Governments will proactively partner with key destination countries to formulate mutually beneficial agreements – in the form of skills partnerships - which includes, but is not limited to, attracting investments and technical assistance to build stronger training systems in Nigeria which can increase skilled healthcare workers both in Nigeria and abroad.*

3.6 Digital health and Technology Integration (telehealth/telemedicine)

Nigeria needs to prepare for an increasingly digital world, with far reaching implications for the health sector. Rapid technological advances, digitization and increasing costs have contributed in recent years to the rapid emergence of e-health, such as remote diagnosis, and the increasing use of mobile apps to monitor patients' health.

Digital Health refers to “the field of knowledge and practice associated with the development and use of digital technologies to improve health. This definition includes eHealth, such as the Internet of things, virtual care, remote monitoring, artificial intelligence, big data analytics, machine learning, and robotics blockchain, smart wearable, platforms, data exchange and storage, and remote data capture, and the exchange of data tools, and sharing of relevant information across the health ecosystem creating a continuum of care” as stated in the National Digital Health Strategy 2021-2025 and WHO Global Strategy on Digital Health 2020-2025.

The increasing use of telemedicine (medical services provided remotely) provides the basis of activating the GATS cross-border supply of services commitments (mode 1) by Nigeria.

Policy Statements

- i. *The Federal Ministry of Health and the Federal Ministry of Communication & Digital Economy shall actively engage in international collaboration to advance digital health practices in Nigeria, and between other countries of the world.*
- ii. *To enable a secure and ethical cross-border health data exchange, the Federal Ministry of Health and the Federal Ministry of Communication & Digital Economy shall establish and enforce robust regulatory frameworks for digital health.*
- iii. *To facilitate seamless cross-border health service delivery, the Federal Ministry of Health and Health regulatory bodies shall work towards harmonizing digital health standards and interoperability frameworks within Nigeria, and between Nigeria and other countries, especially nations where Nigerian healthcare workers are located.*
- iv. *The Federal Ministry of Health, Federal Ministry of Education, Health Regulatory Bodies and Health Training Institutions shall prioritize capacity-building initiatives that empower healthcare professionals with the necessary skills to leverage digital health technologies effectively and co-practice with other Nigerian healthcare workers anywhere in the world.*

- v. *Destination countries and development partners shall adhere to both global and national standards in the practice of and support of digital health in Nigeria.*
- vi. *Health regulatory bodies shall periodically review and update its code of practice and standing orders to incorporate updated safe digital health practices, tools and make regulations that allow both its local and international members to practice digital health and deliver safe care through digital health platforms in Nigeria, and between Nigeria and other nations of the world.*
- vii. *The Federal and state Ministries of Health, the national and states' Primary Healthcare Development Agencies and Teaching Hospitals shall facilitate the installation and continuous availability of functional and up to date digital health infrastructure, including telehealth at its facilities and encourage its adoption in private facilities.*
- viii. *The Federal and State Ministries of Finance, Budget, and planning shall allocate, release, and monitor funds for investment in developing and strengthening digital health infrastructure, including broadband connectivity and electronic health records (EHR) systems, telehealth, and other infrastructure.*
- ix. *Government shall establish Health infrastructure funds to cater for the provision of critical health infrastructure especially in rural areas.*

3.7 Rural and Underserved Areas Incentives, Addressing Internal Migration.

There is significant maldistribution of the available health workforce with disadvantages in the rural areas of the country and in primary care health facilities. Deployment and retention of health workers in rural areas remain a challenge. This situation is further compounded by the state of infrastructure in rural areas, a situation which discourages professionals from serving in hospitals and health centers due to lack of social amenities which include portable water, electricity, good roads, schools, transportation, security etc. Those with families will need good schools for their children. Without the establishment of an incentive program to draw these skilled professionals into these underserved parts of the country, the current situation will continue to deteriorate. More importantly, establishing explicit career pathways that reward service in rural and underserved areas can incentivize many to serve in those areas.

To ensure that Health Officers work in rural areas to cater to the community,

- i. *Federal and State Governments shall develop career pathways wherein services in rural and underserved areas for a minimum duration will count positively towards future career development.*
- ii. *Government at all levels shall strengthen the deployment of qualified Health Workers to available health facilities in rural and underserved areas.*
- iii. *Governments at all levels shall build and equip health centers to cater to the rural areas in line with the one facility per ward policy.*
- iv. *Governments at all levels shall encourage incentives to private individuals to invest in health centers in rural areas.*
- v. *Government at all levels shall provide basic social amenities (portable water, electricity, good roads, standard schools, and institutions, markets, and transportation, in the rural areas.*
- vi. *Government shall create an enabling environment for Public-Private Partnerships support in rural health centers.*
- vii. *Government at all levels shall sustain the management of the health centers with funds, standard facilities, and their maintenance.*
- viii. *Government at all levels shall pay special allowances and provide decent accommodations and low-interest loans to sustain good living conditions for rural health workers.*
- ix. *The National Council on Health (NCH) shall set up a Committee and partner with the National Economic Council (NEC) to address HRH challenges and consider the development of joint initiatives to deploy available skilled HRH indicated on the National Health Workforce Registry.*
- x. *States and Local Governments shall be encouraged to employ or post health workers to underserved areas/facilities identified by the National Health Workforce Registry.*

3.8 Return, Readmission, and Reintegration to Practice Program Policy Statement

- i. *The federal government shall through its agency coordinate the return of skilled and certified healthcare workers.*
- ii. *The federal government and state Government and other intervention agencies shall facilitate the provision of soft loans/grants to returned migrants health workers that are interested in establishing private health facilities.*

- iii. *Regulatory bodies shall strengthen mechanisms to ensure Mandatory Continuing Professional Development Program (MCPD) refresher and recertification for Health Professionals returning to practice in Nigeria.*

3.9 Work-Life Balance and Wellbeing

Policy Statement

- i. *The National HRH program shall work with Health training institutions to create courses and topics on work-life balance in their training curriculum.*
- ii. *The National HRH Programme, in collaboration with state Ministries of Health shall ensure adequate staffing in Health facilities.*
- iii. *The Federal Ministry of Health, in collaboration with the State Ministries of Health, shall ensure the implementation of the programmes to protect the mental health of staff at all levels in line with ILO and the Federal Ministry of Labor and Employment safety policies.*

Health Workers Safety

Goal: Enhance and ensure the safety of health workers serving the country at all levels of the Nigerian healthcare system.

Objectives:

- To provide adequate security within the health facilities for the protection of the HWF
- To provide adequate personal protective equipment for the safety of all health workers
- To Support the healthy personal lifestyle of the HWF
- To promote organizational safety culture by creating the right psycho-social and physical environment

Policy Statements

- Government at all levels shall ensure the provision of a conducive working environment including access to necessary resources such as protective equipment, vaccinations, and health insurance to mitigate health risks associated with service provision.
- Government shall collaborate with relevant security agencies to provide adequate security in health facilities.

- Governments at all levels in collaboration with National and State Health Insurance Authorities (NHIA) shall mandate routine health check for the HWF.
- Create detailed guidelines outlining safety measures for health workers in all health care facilities in Nigeria.
- Design and implement training programs to educate health workers about potential risks and safety protocols associated with service delivery.
- Develop support systems, including counseling services and peer support networks, to address the psychological and emotional well-being of health workers.
- Establish a monitoring and evaluation system to regularly assess the effectiveness of safety measures, identify areas for improvement, and ensure continuous enhancement of the HW safety framework.
- Government shall establish Emergency Response Protocols: Create clear and efficient emergency response protocols to address any health and safety crises that may arise in health facilities.
- Government shall involve key stakeholders, including healthcare institutions, government agencies, and non-governmental organizations, in collaborative efforts to uphold and enhance health worker safety standards in the place.
- Government and all stakeholders shall commit to eliminating and criminalize violence against health workforce.

SECTION IV: CAPACITY DEVELOPMENT AND STRENGTHENING, HEALTH WORKFORCE EDUCATION AND TRAINING

4.1 Introduction

Increased capacity of health institutions is necessary to address the shortage of health workforce in Nigeria. Nigeria's health workforce needs to be well trained to acquire the skills needed to render quality services in Nigeria as well as in the global labor market. Expanding and strengthening the health workforce training, whether they migrate or stay in Nigeria, is crucial to increase the number of and quality of health workers that will eventually serve in Nigeria.

4.2 Policy Objective: 1

- I. To strengthen the health system to produce quality health workforce for both Local and International needs.
- II. To ensure that existing health workers receive post-graduate degree training and continuing professional development to enhance their skills and knowledge, making them more competitive locally and internationally.
- III. To increase human resources for health training capacity and expand production.

Policy Statements:

- i. *The government shall work collaboratively with relevant stakeholders, including professional associations, educational institutions, and international organizations, to develop and implement initiatives for capacity development.*
- ii. *Government at all levels and other providers of health education shall invest in training and expand training capacity to ensure the right type, quality and mix of health workers are produced to meet demands of our health system.*
- iii. *Government shall engage proactively with key destination countries to sign mutually beneficial agreements – in the form of skills partnerships – wherein the destination countries can provide technology transfers or provide technical assistance to build the capacity of healthcare workforce working in Nigeria. Such an agreement can also provide pathways for healthcare workers to further expand their training and expertise abroad in internationally reputable institutions.*

- iv. *The government will promote and support lifelong learning and Continuing Professional Development (CPD) for healthcare professionals. This includes providing opportunities for skill upgrading, professional mentorship programs and incentives for professionals to pursue further education and specialization.*
- v. *Government shall ensure that the rights of health providers and clients are upheld.*
- vi. *Government shall ensure adequate resource allocation to health training institutions including funding for technology integration and curriculum enhancement.*
- vii. *Comprehensive Quality Assurance Mechanism shall be established to ensure standards and accreditation of health workforce education and training programs.*
- viii. *Regular monitoring, evaluation and accreditation processes shall be implemented to maintain and improve the quality of healthcare professionals and institutions.*
- ix. *Develop updated and relevant educational curricula for health workforce training, integrating emerging medical advancements and technologies.*
- x. *The government agencies shall develop Comprehensive evaluation mechanisms to assess the effectiveness of capacity development efforts, ensuring the quality and competence of health workforce.*
- xi. *The capacity of health regulatory agencies shall be improved to provide continuing professional development and quality assurance in our health training institutions.*

4.3 Policy Objective: 2

To ensure that existing health workers receive post-graduate degree training and continuing professional development to enhance their skills and knowledge, making them more competitive locally and internationally.

Policy Statements:

- i. *The Health Professional Regulatory Agencies shall collaborate with relevant stakeholders to promote, and support continued professional development to enhance the skills and knowledge of healthcare workers by providing opportunities for skill upgrading, professional mentorship programs.*

- ii. *FMOH shall collaborate with relevant Agencies such as the Petroleum Trust Development Fund (PTDF), Tertiary Education Trust Fund (TETFund) and others to fund post-graduate training for the health workforce.*
- iii. *Government shall enhance the learning and teaching of the health workforce by investing in career advancement for health workers.*

4.4 Policy Objective: 3

To establish more health training institutions to produce additional healthcare professionals of adequate quality and quantity for both local and international demands.

Policy Statements

- i. *National Universities Commission (NUC), National Board for Technical Education (NBTE) and Health Professional Regulatory Bodies shall institute comprehensive quality assurance mechanisms for new and existing health training institutions to ensure diligent standardization and accreditation of health workforce education and training programs.*
- ii. *National Universities Commission (NUC), National Board for Technical Education (NBTE) and Health Professional Regulatory Bodies shall enhance the curriculum design for the new health training institutions by updating relevant educational curricula for health workforce training, integrating emerging medical advancement and technologies.*
- iii. *Government shall collaborate with the Tertiary Education Trust Fund (TETFund) to fund the infrastructural development of the new and old health training institutions to global standards to attract learners from other countries and thus earn foreign exchange for the country while utilizing the locally enhanced health workforce.*
- iv. *Government shall collaborate with relevant stakeholders to design and implement a comprehensive development of the new health training institutions across the country at all levels.*
- v. *The government shall support the planned expansion in training capacity with a concomitant increase in trainers with postgraduate qualifications. This shall be done in conjunction with the relevant intervention Agencies.*

- vi. *Government shall incentivize an increase in the number of training positions in hospitals (public or private) with accredited slots to encourage hospitals to increase the number of positions available for residency or similar skill training programs.*
- vii. *Government shall engage proactively with key destination countries to sign mutually beneficial agreements – in the form of a skills partnership – wherein the destination countries invest in Nigeria to: (a) establish new training institutions; (b) expand the capacity of existing training institutions to prepare the health workforce needed to meet the needs of Nigeria and the international markets; and/or (c) improve the quality of existing institutions.*
- viii. *Government shall use every opportunity to promote and facilitate the private sector involvement in establishing new and adequately equipping health training institutions across the country, including the investments from abroad and the Nigerian diaspora.*
- ix. *Enable and prioritize private investments in medical and nursing education in Nigeria to expand supply, including those coming from abroad and the Nigerian diaspora.*

SECTION V: HEALTH DIPLOMACY, ETHICAL RECRUITMENT AND EQUALITY

5.1 Introduction

In addressing health workforce migration there is need to align with the WHO Global Code of Practice on the International Recruitment of Health Personnel. This could be achieved through deep collaboration and partnership with relevant stakeholders in various countries where the Nigeria health worker may emigrate to. This could be realized by exploring diplomatic media such as bilateral MOUs or any mutually beneficial legal agreement. (WHO Global Code of Practice on the International Recruitment of Health Personnel, Article 5:5.1)

5.2 Policy Objectives: 1

- I. To ensure that a mechanism for networking and collaboration is put in place with destination countries, recruiters, migrants, and the relevant MDAs at all levels of government in Nigeria for fair and transparent recruitment processes.
- II. To establish a Comprehensive migration system through which healthcare workers can migrate internationally.
- III. To foster a healthy relationship between Nigeria and host countries that will be based on ethical recruitment processes, and targeted skills required by Nigeria with the aim of transferring required expertise.

Policy Statements

5.3 International Collaboration, Health Diplomacy and Networking

- i. *The Federal Government and other agencies of government shall work with each other to develop and encourage the use of appropriate frameworks and MOUs with international partners, recruiting agencies, training, and regulatory institutions within and outside the country to support production, and ethical recruitment of health personnel.*
- ii. *The Federal Government and other agencies of government shall work with each other to actively engage with key destination countries to sign mutually beneficial agreements or arrangements.*
- iii. *Within the framework of such an arrangement, Nigeria will develop a migration system for healthcare workers to help the destination countries ethically recruit healthcare workers from Nigeria.*

- iv. *Destination countries will be encouraged to invest in building and expanding the quality and quantity of healthcare worker training, building, and modernizing healthcare infrastructures, and strengthening the capacity of healthcare institutions in Nigeria. Such arrangement will be done to increase the production of quality healthcare workers to meet the needs of Nigeria as well as the international market.*
- v. *The Federal Government shall reintroduce the one year abroad training program for post graduate medical education. The federal government in collaboration with the National Postgraduate Medical College shall reintroduce the international collaboration with selected postgraduate medical colleges which allows Nigerian based resident HRH to acquire foreign based qualifications. This approach provides an incentive for locally based residents to remain in the program in Nigeria and based on the collaboration program can complete parts of the program in the destination country.*
- vi. *Government shall support the health regulatory agencies to build a strong network with health professionals and their respective Health Professional Associations in the Diaspora, with the aim of ensuring the provision of modern infrastructure, and capacity building.*
- vii. *Government and its relevant MDAs shall harness the strength of the Diaspora, to enable them to return to the country on a short-term basis, or on a remote basis, to fill identified gaps within the health care system.*

5.4 Strategic Information and Data Integration

- a. Agencies of government whose responsibilities are directly related to the production, and recruitment of HRH shall develop and encourage the retention and sharing of data of health personnel who migrate or return to assist health planning and protection of national security. Such data would include how many HRH migrated, their practice type, reason for migration, country of practice, amongst others. Regulatory bodies shall include and harmonize relevant data in their database to capture the required HRH information as may be required by the National Health Registry of the FMOH.

5.5 Ethical Recruitment, Fair Migration and Support to Migrant Workers, and Wellbeing.

- i. *In line with international best practices, all tiers of government, regulatory agencies including the Ministry of Interior (Nigeria Immigration Services), Ministry of Foreign Affairs and other relevant MDAs shall ensure the existence of guidelines to address ethical recruitment of health personnel outside the country.*
- ii. *The FMOH, in collaboration with regulatory agencies and in the Ministry of Foreign Affairs shall make it mandatory for all Nigerian HWF who have migrated to countries abroad for training, practice, or any other reason to provide required HRH data to be collected by the Nigerian embassies/high commissions/consulates in the host countries.*
- iii. *Nigerians in Diaspora Commission (NiDCOM) shall be strengthened to provide support to the HWF who return to the country. Such areas of support shall include provision of relevant information, guide on career paths, investment, and loans available in the health sector, housing opportunities, societal integration, areas on education investments and any other areas that would enable seamless integration into the country and the healthcare system.*

5.6 Equitable Distribution, Addressing Rural Urban Imbalance and Underserved Areas

- i. *Governments at all levels shall institute appropriate policies including establishment of training institutions and provision of incentives to ensure the graduates from those institutions can effectively bridge the deficits of HCW in States and LGAs.*
- ii. *Government shall ensure the provision of required infrastructure (power supply, accommodation, transportation etc.), Security, enhanced allowances, and adequate manpower that would assist in attracting and motivating the HWF in rural communities.*
- iii. *Government shall incentivize service in rural and underserved areas for the healthcare workers through career incentives. This could be done in the form of career advancements in Nigeria or through increased chances of international migration upon successful completion of a certain minimum*

years of service (beyond any mandatory service) in rural and underserved areas.

- iv. *The government shall set up a mandatory rural posting Programme for the HWF in the country. HWF would be mandated to proceed for such postings annually. The Programme shall aim at exposing HWF to community health services; revamp PHC at the LGAs while encouraging development of rural community through provisions of social amenities.*
- v. *The government working with relevant MDAs shall put in place a well-structured medical mission program for the country where diaspora could provide desired medical services to underserved communities.*
- vi. *Government shall aid skills transfer and integration of the HWF from the diaspora into the healthcare system through the introduction of a special Programme. This would be done through the establishment of partnership with healthcare institutions abroad and with the Nigeria health professional associations in the diaspora.*

5.7 Transparent and Fair Recruitment Processes

- i. *Government at all levels through its MDAs shall promote and develop guidelines that will ensure fair and equitable recruitment of Nigeria HWF. This could be through contracts, MoU, bonding of the personnel etc.*
- ii. *The Federal Character Commission shall be strengthened through needs assessment to identify and address gaps for a robust all-inclusive hiring of returnees in the healthcare sectors.*

5.8 Monitoring and Regulation of Recruitment Agencies

- i. *There shall be an established registry for domestic, foreign recruitment agencies and their agents to be monitored and regulated by the FMOH on Health Workforce Migration. Regulatory agencies shall be mandated to provide the data periodically to the registry.*
- ii. *The government shall establish a job board that would work in collaboration with professional health regulatory agencies to coordinate, monitor, collect data and produce evidence for policy on migration.*
- iii. *Both functions can effectively be done under a migration system for healthcare workers.*

5.9 Bilateral and Multilateral Agreements

- i. There shall be established bilateral and/or multilateral agreements which shall serve as the basis by which all intended health personnel will be engaged by foreign recruitment agencies. At all times such agreement shall take cognizance of the health workforce needs of the country to safeguard national security. Such agreements will need to be mutually beneficial and aimed towards increasing the total number of healthcare workers migrating and increasing the number of healthcare workers serving in Nigeria.*
- ii. Government, through the professional health regulatory agencies shall be empowered to develop MOUs with foreign recruiter/agent and sister professional regulatory agency. Such MOUs would ensure that professional health regulatory agencies are operating in the framework of a migration system which can easily track the HWF migration.*

5.10 Diaspora Engagement and Returnees

- i. There shall be collaboration between the Nigerians in Diaspora Commission, Ministry of Interior (Nigeria Immigration Services), professional health regulatory agencies and other relevant MDAs in profiling of all health Personnel who either leave or return to the country.*
- ii. All tiers of government shall encourage and promote proper job placement and engagement of the returnees to ensure effective integration into the health system.*
- iii. Government shall leverage on existing trade and development bilateral agreements which can be expanded to include international migration of health workers with the benefits from such agreements clearly defined.*
- iv. To ensure retention of skill HWF, the government shall make provisions in its existing Public Service Rules that afford or give the right of return to health workers who were previously employed by government to be reemployed upon their return to the country within a certain period.*

5.11 Collaborative Training, Research and Knowledge Sharing

- i. Training Institutions and regulatory agencies shall be encouraged to form collaborative networks that would promote and ensure adequate production, retention of skilled health work force to serve both local and international needs.*

- ii. To ensure adequate production of skilled HWF, government shall collaborate and partner with foreign educational institutions to establish private health institutions (Hospital)/Universities), exchange programs, certification of HWF trained locally to ensure the country have adequate manpower who can meet both national and international needs.*

SECTION VI: RESEARCH AND INNOVATION

6.1 Introduction

Research and innovation provide framework for evidence-based management of health workforce migration. This will provide information for decision making and continuous development of strategies using modern innovation for implementation.

6.2 Goal of the Thematic Area

Improved evidence-based Management of the Health Workforce Migration

6.3 Research

To ensure the use of research to generate evidence-based decision-making process to address challenges of health workforce migration.

6.4 Innovation

To ensure the creation and application of new ideas, processes, and techniques to drive and enhance efficiency and effectiveness in the management of health workforce migration.

Policy Statements

6.5 Research and Innovation

The Federal and State Ministries of Health in collaboration with the relevant government agencies and regulatory bodies shall regularly assess, review, and update factors that drive healthcare workers' migration including setting up a health workforce research agenda for the country.

- a. The Federal and State Ministries of Health in collaboration with the relevant government agencies and regulatory bodies shall deploy innovative technologies, including digitization of health workforce processes and procedures.

6.6 Health Workforce Data Collection

The National Health Workforce Registry is a web-based information system that is domiciled and administered by the Federal Ministry of Health (FMOH). It is designed to provide accurate information for all health workers across public and private sectors. The FMOH in collaboration with SMOH is saddled with the responsibility of NHWR data collection and management.

6.7 Policy Objectives: 1

- a. The Federal Ministry of Health shall leverage on existing protocol to provide guidance on a standardized process for data management (collection, aggregation, and standardization) of health workforce information on Health worker migration for the registry.
- b. The Federal Ministry of Health shall leverage existing protocols to provide guidance on the use of the NHW data collection tool to collect information on the Migration of Health Workers.
- c. Ensure the establishment of HRH Management Units at all levels of Government to enhance data collection on the Migration of Health Workers.

Policy Statements

- a. *The National HRH Programme shall leverage on existing protocol to provide guidance on a standardized process for data management (collection, aggregation, and standardization) of health workforce migration for the registry.*
- b. *The National HRH Programme shall leverage on existing protocol to provide guidance on the use of NHWR data collection tools to collect information on the migration of Health Workers.*

6.8 Migration Patterns, Trends, and Reporting

The growing trends of health workforce migration in Nigeria have led to concerns about achieving universal health coverage in the country and its impact on the health system. Recognizing the importance of health workforce migration data, Nigeria is required to adopt the following policy statements for evidence-based implementation of Migration policy and interventions.

Policy Statements

- a. *The Federal Ministry of Health shall routinely collect data on health workforce migration to inform decision-making and evidence-based planning of the health workforce in Nigeria.*
- b. *The Federal Ministry of Health shall periodically report the trends, patterns, and impact of health workforce migration in Nigeria, including vacancies, remittances from migrant health workers, and the state of migrant health workers at their destination countries.*

- c. *All Health regulatory bodies, Health facilities and relevant agencies, and foreign countries or their representative organizations shall, on a quarterly basis, report and share data on health workforce migration to the Federal Ministry of Health, in collaboration with the Ministry of Foreign Affairs.*
- d. *The Federal Ministry of Health in collaboration with all health regulatory bodies shall ensure healthcare workers leaving the country collect letters of good standing and thereby collect relevant data for documentation.*

SECTION VII: GOVERNANCE AND LEADERSHIP

7.1 Introduction

Good governance and effective leadership are critical for the development and implementation of approaches for mitigating the impact of health workforce migration. It is essential for planning coordination and regulation of health workforce migration, ethical recruitment, fair practice, and partnership/collaboration to control the negative impacts of health workforce migration.

7.2 Policy objective: 1

To institute a mechanism for effective governance of health workforce migration and implementation of this policy and other related health workforce policies, strategies, plans and interventions.

Policy Statements

- a. *The Federal Ministry of Health shall create a National Human Resources for Health Program (NHRHP), headed by a National Coordinator (NC) and State Coordinators at national and state levels respectively.*
- b. *The Federal Ministry of Health shall establish coordination framework for the National Human Resources for Health for ease of implementation.*
- c. *The Federal Ministry of Health shall through the NHRHP and collaboration with relevant Government ministries and agencies shall ensure MOU with all destination countries for protection of all migrants or migrating health workers and mutual benefit of Nigeria and other countries.*
- d. *The Federal Ministry of Health through the NHRHP and in collaboration with relevant Government ministries and agencies and in partnership with foreign countries shall ensure all destination countries share data related to Nigerian health workers in their respective countries. Including data on performance and licensure of Nigerian health workers.*
- e. *Government shall encourage Public Private Partnership (PPP) to provide new training facilities that utilize digital platforms to increase the capacity for educating healthcare professionals and addressing regional disparities.*

- f. *Government shall provide necessary resources to attract migrant health workers back to Nigeria including the provision of free-interest loan to Nigerian health workers for operation of health facilities.*
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SECTION VIII: MONITORING AND EVALUATION

8.1 Introduction

The Government of Nigeria requires quality data for appropriate management and improvement of migration of the HWF within and outside the country. The collection and management of HWF migration data will encourage the availability and use of internationally comparable migration statistics of health personnel in Nigeria.

8.2 Goal of the Thematic Areas

To institute evidence based HWF migration information system.

8.3 Policy Objectives: 1

1. To define institutional arrangements including modalities for routine monitoring and periodic evaluation of the internal, external, and reverse migration of the health workforce.
2. To institute the ethical cross-border health data exchange on HWF migration.
3. To institute automated and integrated real-time management of HWF Migration

Policy Statements:

- i. Government at all levels shall establish where necessary and strengthen routine collection and management of data on health workforce migration (internal, external, and reverse).
- ii. The Federal Government shall ensure the inclusion of Health workforce migration data in all relevant national surveys including the NDHS.
- iii. Federal Government shall ensure and facilitate cross-border data sharing on HWF migration.
- iv. Government at all levels shall facilitate end-end digitization of HWF migration processes.

8.4 Policy Review and Institutional Arrangements

This policy shall be reviewed every five (5) years or as may be deemed necessary by the Federal Ministry of Health in collaboration with relevant stakeholders.

8.5 Institutional Arrangements

The Federal Ministry of Health in collaboration with stakeholders shall develop a strategic plan that shall guide the implementation of this policy.

8.6 Communication Plan

The Federal Ministry of Health shall also develop a communication plan to promote knowledge and awareness at all levels and tiers of government, as well as public enlightenment about HWF migration.

8.7 The Role of Civil Society

Civil society organizations (CSOs) will play a crucial role in the implementation of this policy. They will act as intermediaries between the government and the public in advocating for the implementation of the policy. They will engage with policymakers, the health workers and various civil society entities, the government, and communities to ensure that the root causes of health workforce migration are addressed. They will monitor the implementation of the policy and provide feedback to the government on the successes, implementation challenges and the solutions. They will contribute also to capacity building, information dissemination, community engagement to ensure that the policy is implemented nation-wide. Overall, they will collaborate with government agencies, international organizations, and other stakeholders to develop comprehensive strategies for managing health workforce migration in the country.

9.0 Summary Statement on Implementation Modalities and Conclusion

This policy is intended to be implemented by the Federal, States and Local Governments who will develop appropriate strategies, plans and guidelines to facilitate its implementation.

Nigeria's Policy on Health Workforce Migration encompasses a multi-faceted approach aimed at addressing the challenges associated with the migration of healthcare professionals. The implementation modalities are grounded in a combination of regulatory frameworks, capacity building initiatives, and international collaborations. The policy emphasizes the establishment and enforcement of robust regulatory mechanisms to monitor and manage the movement of health workers, ensuring ethical recruitment practices and discouraging brain drain. Concurrently, there is a focus on enhancing the domestic healthcare system through investments in training and education, creating incentives for healthcare professionals to stay within the country. Collaborative efforts with international partners also play a pivotal role, fostering information exchange and mutual support to mitigate the adverse effects of migration. By adopting this comprehensive policy, Nigeria seeks to strike a balance between global mobility and the imperative to strengthen its own healthcare infrastructure and to ensure that the relationships and agreements between Nigeria and destination countries are mutually beneficial to Nigeria, destination countries and the migrating health care workers

References

1. World Health Organization. Building an NCD-ready workforce: technical meeting report, Geneva, Switzerland, 3-4 June 2021. World Health Organization; 2023 Jan 26.
2. World Health Organization (WHO). Addressing the international migration of health workers Internet. www.who.int.2020.Available:https://www.who.int/activities/addressing-the-international-migration-of-health-workers
3. National statistics: Why do people come to the UK? To work. Gov.UK, London. 2022. https://www.gov.uk/government/statistics/immigration-statistics-year-ending-march-2021/why-do-people-come-to-the-uk-for-family-reasons. Accessed 26 Sept 2022
4. WHO Global Code of Practice on the International Recruitment of Health Personnel: Fourth round of reporting [Internet]. www.who.int. 2022. Available

from: <https://www.who.int/news/item/02-06-2022-who-global-code-of-practice-on-the-international-recruitment-of-health-personnel--fourth-round-of-reporting>

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5. Nardi DA, Gyurko CC. The global nursing faculty shortage: Status and solutions for change. *Journal of Nursing Scholarship*. 2013 Sep;45(3):317-26.

6. Nigeria Health Workforce Profile, 2022

ANNEX. 1

List of Policy Makers Interviewed

1. Director of Hospital Services, Federal Ministry of Health
2. Director of Nursing, Federal Ministry of Health
3. Director of PPP/Diaspora, Federal Ministry of Health
4. Director, Wages and Employment, Federal Ministry of Labour and Employment
5. Representative of Permanent Secretary, Federal Ministry of Finance
6. Permanent Secretary, Office of the Head of Service of the Federation
7. Head of Health Services, Nigeria Immigration Service
8. Director, Federal Ministry of Education
9. Registrar, Medical and Dental Council of Nigeria
10. Registrar, Nursing and Midwifery Council of Nigeria
11. President National Association of Nigeria Nurses and Midwives
12. Chairman, Nigeria in Diaspora Commission
13. President, Association of Private Medical Practitioners
14. Representative of CMD, National Hospital Abuja
15. Secretary, National Association of Nurse Practitioners (America)
16. PR Secretary, Association of Intensive Care Nurses (UK)
17. Director, Institute of Biomedical Research and Innovations, University of Uyo
18. World Bank Team
19. Executive Secretary, National Human Rights Commission
20. Civil Society Network (AFRIHEALTH OPTONET ASSOCIATION (AHOA) – CSOs Network and Think-tank

ANNEX. 2

Core team

1. Dr. Ngozi Azodoh
2. Mr Okwudili
3. Dr. Azeez Aderemi
4. Mr. Elisha Benjamin
5. Dr. Kingsley Nnalue
6. Mrs. Oje Folasade
7. Dr. Angus Ikpe
8. Dr. Adoghe Anthony
9. Dr. Adaeze Okonkwo
10. Mrs. Dako Hadiza Jummai
11. Mr. John Okobia
12. Mrs. Ukut Loisa
13. Dr. Harri Bala
14. Dr. Victor Gbenro
15. Mr. Dattijo Abubakar
16. Mrs. Atuluku Ruth
17. Dr. Olumuyiwa Ojo
18. Mr. Rogers Kanee

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3	Dr Umeakunne Innocent Ikechukwu	Anambra State HMB
4	Wole Matthew Akinriboya	Inst. Of Chartered Chemist of Nigeria
5	Gbebikan Adewumi Joseph	DTHRBN
6	Prof Cypril Usifoh	Pharmaceutical Society of Nigeria
7	Emmanuel C.Odega	Inst of Public Analyst of Nigeria
8	Dr Osialuma Victor A	Federal Medical Centre, Asaba
9	Dr Oduwole Olusoga	Lagos State MOH

10	Prof Jesse Uneke	VC David Umahi University of Health Sciences
11	Casmir Ugbong	Cross River State MOH
12	Dr Godwin Asuquo	Consultant
13	Prof Ayo Omotayo	NIPSS
14	Hamidu A.U	ABUTH
15	Dako Hadiza Jummai	FMOH&SW
16	Prof King David T.Yane	National Universities Commission
17	John Okobia	FMOH&SW
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21	Abare Roseline	NAPTIP
22	Venda Avalumun Lawrence	FMOH&SW
23	Olawale Opeloye	FMOH&SW
24	Umanah Okon	FMOH&SW
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28	Dr Aisha Muhammed Mujtaba	NCDC
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32	Abubakar S Abdullahi	HRORBN
33	Mercy Nwoke	NUC
34	S.Olawale Funsho	NIS
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36	Ogbonna Micheal	FMOH&SW
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38	Dr Asuai Nelson	Optometrists Board of Nigeria
39	Abubakar Dattijo	PCN

40	Dr Clement Iruegbukpe	Optometrists & Dispensing Opticians Registration Board of Nigeria
41	Zuwaira Saidu	Medical Rehab Therapist Board
42	Dr Funmilayo Morebise	NUC
43	Abubakar Magaji Gidandikko	HRORBN
44	Adebayo Wuraola	FMOH&SW/DSP
45	Atuluku A. Ruth	MDCN
46	Adeyonu Adepoju Blessing	FMOH&SW
47	Aisha Dankano	NIDCOM
48	S.B.Ogundele	CHPRBN
49	Hassan Sallam	FMOH&SW
50	Barr(Mrs) Nma Ogbonna Chinyere	FMOH&SW
51	Dr Adaeze Okonkwo	FMOH&SW
52	Dr Ibrahim S.A	FCTA
53	Dr Victor Gbenro	MDCN
54	Oludoun Mary O.	FME
55	Okechukwu Okwudili	FMOH&SW
56	Ezechigbo Chioma	Pharmacy Council of Nigeria
57	Nwajiogu Peter	FMOH&SW
58	Onwu Evans Ngozi	MRTB
59	Kyuni Isa Abdullahi	FCSC
60	Aminu Yakubu	FMOH&SW
61	Adijat Elijah Cynthia	FMOH&SW/DHPRS
62	Mbaguwu Clifford	FCT/HSS
63	Akor Adijetu Ademu	FME
64	Ajilore Johnson	FMOH&SW
65	Okali Blessing	FMOH&SW
66	Dr. Anthony Adoghe	FMOH&SW
67	Benazir A. Bisong	FMOH&SW

68	Olawale Ayoade	FMOH&SW
69	Eko David Iyam	FMOH&SW
70	Rogers Kanee	CHAI
71	Abare Roseline	NAPTIP
72	Kasim Efobi Chigozie	FMOH&SW
73	Mumini Jafiya	NCDC
74	Dr Aderemi Azeez	FMOH&SW
75	Dr Asuai Nelson	Optimetrics Board of Nigeria
76	Adeyonu Adepoju Blessing	FMOH&SW
77	Asonye Goodluck Onyebuchi	FMOH&SW
78	Frank Osagie Ehigiator	FMOH&SW
79	James Dominion Chidozie	FMOH&SW
80	Prof Syndey Ibeanusi	FMOH&SW
81	Chizoba Uche Adaku	FMOH&SW
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90	Dahason Thuo	IOM
91	Dr Olumuyiwa Ojo	WHO
92	Prof Cheluchi Onyemelukwe	CHELD/HELC
93	Ifeoma Mkpuluma	FMOH&SW/Special Project
94	Ramos Fawziyyah Bolaji	RRBN
95	Fofah Jenson	FMOH&SW/DHPRS
96	Dr. Alumbu Esau Olaku	APNPMP
97	Sarki Adamu Musa	Ondo SMoH

98	Moses Akut Kanyie	DTRHRBN
99	Oluwatobi .O. Omosa	FMOH&SW/Legal
100	Dr. Adeyinka Odejimi	FMOH&SW
101	Olugbenga Olubayode	FMOH&SW
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111	Seldun Austine S.	FMOH&SW
112	Dr Nonso Egbosi	FMOH&SW
113	Oluagu Juliet. O	ESMOH
114	Hussaini Mohammed Anani	FMOH&SW-HRM
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116	Olabintan Olatunji	EML&E-PARS
117	Orieh Noble	EML&E-PARS
118	Isa A Kyoni	FCSC
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120	Udoh Imoh Sunday	Radiographers Registration Board(RRBN)
121	Dr Usman Gwan	Lafiya
122	Salina Mynyawa	Lafiya Project
123	Maheshwor Shrestha	Sr Economist

124	Dr Kingsley Nnalue	DHPRS\FMOH&SW
125	Prof Enem Bassey	CMD(Chairman)
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127	Izevbekhai Dhiomuekpe Mary	General services
128	Dr Raymond Ekhaton	FMOH&SW
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130	Jibrin Habu	SMOH KANO
131	Mala A Waziri	SMOH-BORNO
132	Yaaha Washima	NUC ABUJA
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138	Chinwe Atata	RSMOH
139	Dr Nwakaego Chukwukaodinaka	FMOH&SW
140	Ajala Yunusa O.	FMOH&SW
141	Okonkwo Esther	FMOH&SW
142	Dr. Chris O. Isokpunwu	FMOH&SW
143	Dr. Samuel Ogbonna	FMOH&SW
144	Epharm Gospel C	W.H.O
145	Folashade Oje	FMOH&SW
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