

### The Future of Medical Practice in Nigeria

**Prof Kehinde Oluwadiya** 

www.oluwadiya.com



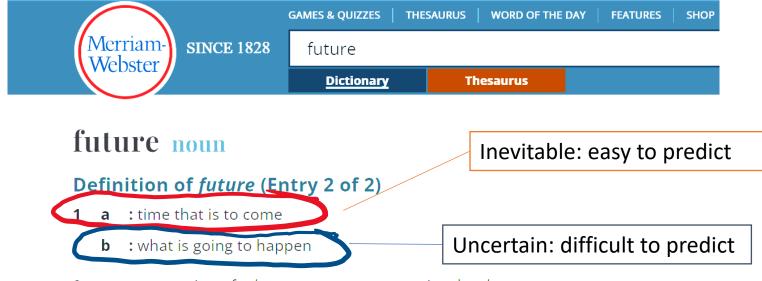


Kudos to the organizers for inviting me



### -? ? ? ? ? How easy is it to predict the future?

### Definition of "future"



- 2 : an expectation of advancement or progressive development
- 3 : something (such as a bulk commodity) bought for future acceptance or sold for future delivery —usually used in plural
   // grain *futures*
- **4 a** : the future tense of a language
  - **b** : a verb form in the future tense

# Why is predicting what is going to happen so difficult?



"The consequences of our actions are always so complicated, so diverse, that predicting the future is a very difficult business indeed."

— J.K. Rowling

### It gets Gloomier!

"Any believable prediction of the future will be wrong; any correct prediction of the future will be unbelievable"



 Merriam-Webster
 SINCE 1828

 GAMES & QUIZZES
 THESAURUS
 WORD OF THE DAY
 FEATURES
 SHOP

 Jointionary
 Thesaurus
 Thesaurus
 Thesaurus

#### future noun

#### Definition of *future* (Entry 2 of 2)

- **1 a** : time that is to come
  - **b** : what is going to happen
- 2 : an expectation of advancement or progressive development
- 3 : something (such as a bulk commodity) bought for future acceptance or sold for future delivery —usually used in plural
   // grain futures
- **4 a** : the future tense of a language
  - **b** : a verb form in the future tense

Perhaps, there is a respite!

### The best way to predict the future is to study the past, or prognosticate.

Robert T. Kiyosaki

( quotefancy

So, I'm going to look to the past to predict the future of medical practice in Nigeria

# But it is a wide, wide, future: What shall be my focus?

Prof. Kehinde Oluwadiya, Consultant Orthopaedic Surgeon, Ekiti State University, Ado Ekiti, Ekiti State.

Dear Sir,

#### MDCAN 2021 ANNUAL LECTURE: INVITATION AS A GUEST SPEAKER

We use this medium to invite your esteem presence as a Guest Speaker at the forthcoming MDCAN FMC, Gwo 2021 Annual Lecture. The lecture comes up 14th December, 2021 by 10:00am at FMC Owo, Auditorium. In view of the current wave of exodus of junior and senior doctors out of the country and other policy challenges facing medical education and practice in Nigeria, we are looking forward to gaining from your wealth of experience on the theme.

### Brain Drain

### We shall focus on the following domains

### Healthcare workers' Strikes

Health expenditure

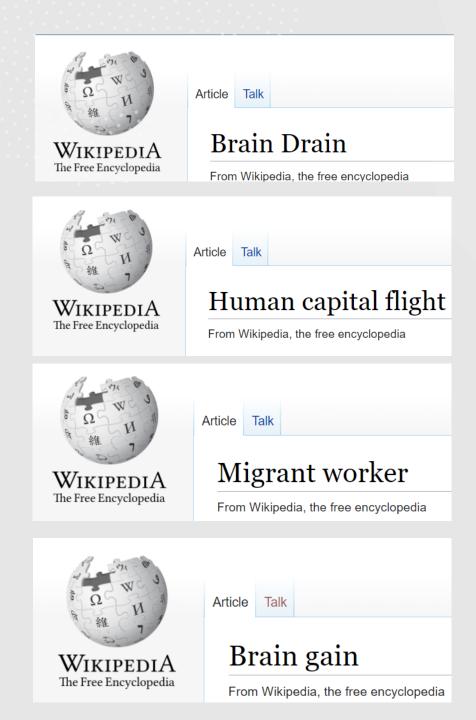
Staffing

Infrastructure

### What is Brain drain?

It's been called many things:





### The bottom line:

The emigration or immigration of individuals who have received advanced training at home

### . But the attitude towards it differs

### The Sending Country

• Brain Drain

Receiving country

• Brain Gain

# Just how bad is the brain drain?



2.

### We can all remember this.....

Home > Latest Videos

#### Trending: Saudi Arabia Recruits Nigerian Doctors

August 25, 2021 Reading Time: 1 min read

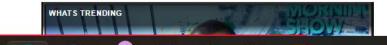
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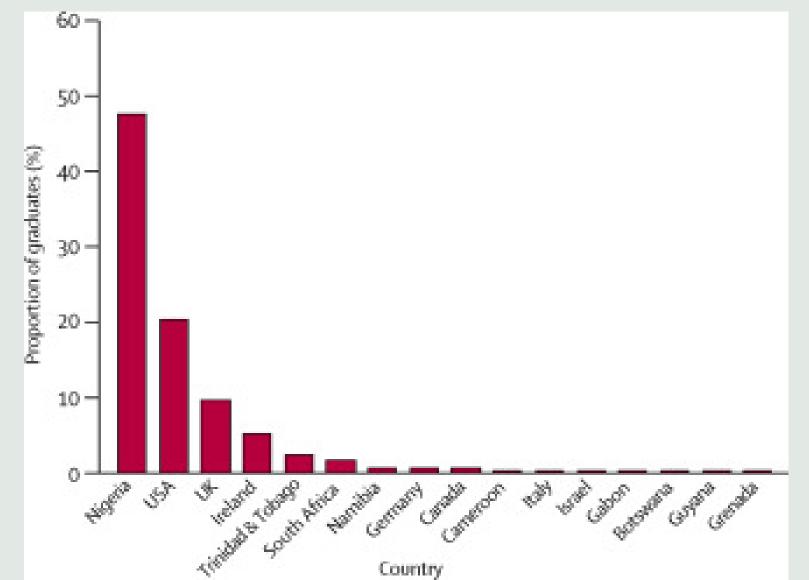
As Nigerian doctors' strike lingers, the Saudi Arabian government on Tuesday organised recruitment exercises for medical practitioners in Lagos and the Federal Capital Territory, Abuja.

Meanwhile, a video of a uniformed traffic official of the Lagos State Traffic Management Authority, LASTMA, falling off a moving truck while trying to arrest the driver has gone viral on social media, raising questions on methods traffic officers adopt when apprehending an offender.

Finally, Ignatius Asabor, a self-taught Nigerian engineer who builds drones for agriculture, using local materials has been flown to Finland and offered immediate employment by a foreign company that saw and appreciated his talent.



## Less than 50% of three consecutive graduating classes of the UNN are practicing in the country



Distribution of three graduating sets of the University of Nigeria College of Medicine (95, 96 & 97 sets) by present country of residence as of 2005

### . It is as bad for the rest of the country:

- As of 2018, the estimated number of registered doctors was 72,000, but only about 35,000 of these doctors were actually practicing in the country.
- Consequently, the Nigerian doctor per 1,000 population ratio is 0.17
- This is one of the lowest in Africa

Those who are left in the country wants out....

Previous Article ToC Next Article

#### **ORIGINAL ARTICLE**

Year: 2021 | Volume: 30 | Issue: 5 | Page: 543-547

Determinants of Nigerian medical doctors' willingness to practice in foreign countries

#### Mansur A Ramalan<sup>1</sup>, Rayyan M Garba<sup>2</sup>

<sup>1</sup> Endocrinology, Diabetes and Metabolism Unit, Department of Internal Medicine, Aminu Kano Teaching Hospital, Kano, Nigeria

<sup>2</sup> Department of Community Medicine, Aminu Kano Teaching Hospital, Kano, Nigeria

About 72.9% of the respondents were willing to practice in foreign countries if given the opportunity...

# It's going to get worse: Even those yet to graduate don't want to be left behind!

[Downloaded free from http://www.njcponline.com on Monday, July 6, 2020, IP: 197.90.36.231]

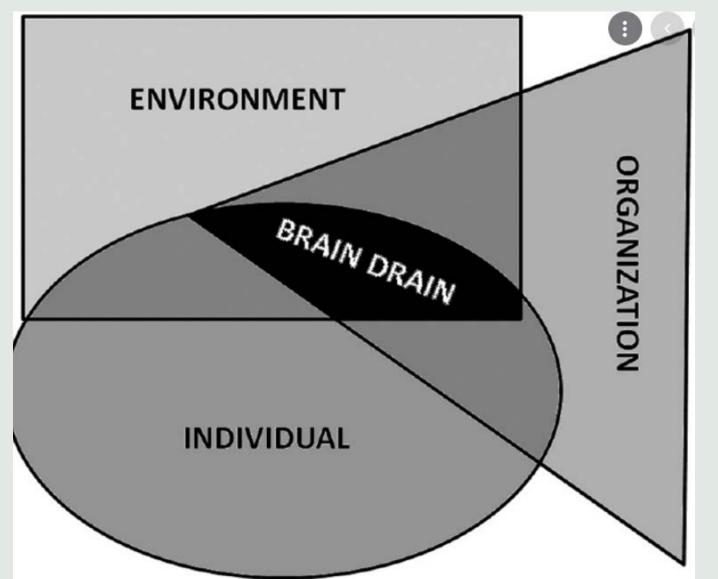
**Original Article** 

#### **Emigration Plans after Graduation of Clinical Medical Students of Ebonyi State University Abakaliki, Nigeria: Implications for Policy**

EN Ossai<sup>1,2</sup>, AF Una<sup>1,2</sup>, RC Onyenakazi<sup>1</sup>, EU Nwonwu<sup>1,2</sup>

## .....whereas 74.4% prefer to specialize outside Nigeria

### . What leads to brain drain?



### . What leads to brain drain?

#### Push Factors No opportunity for promotion

Substandard work conditions Inadequate compensation Inadequate benefits Poor leadership No job security

Employee Dissatisfaction

### **Pull Factors**

Employee Satisfaction

Recognition Good leadership Adequate support Constructive feedback Supportive management Advancement opportunity Clear direction and mission

Table 5: Respondents' reasons for willing to practice in aforeign country	
Variables	Frequency ( <i>n</i> =329), <i>n</i> (%)
Push factors out of Nigeria	
Poor salary and other financial incentives	218 (66.3)
Poor working environment	210 (63.8)
Insecurity	153 (46.5)
Inter-professional rivalry in the health sector	125 (38.0)
Lack of governments interests in research at all levels	163 (49.5)
Lack of governments interests in doctors' capacity building	205 (62.3)
Pull factors to foreign countries	
Better salary and other financial incentives	221 (67.2)
Better working environment	212 (64.4)
Better security	148 (45.0)
Advanced research facilities	169 (51.4)

#### . . . . . .... ....

Ramalan. Determinants of Nigerian medical doctors' willingness to practice in foreign countries. NJOM

## Verdict on the future of brain drain in Nigeria

It is not going to stop. It is going to get worse. Much worse



### What's the future of strikes in Nigeria?

### First recorded strike in Nigeria

workers strikes have remained commonplace inroughout history as well as in Nigeria [3].
The first nationwide strike by the organized workforce in Nigeria was on 21 June 1945 by about 150 000 clerical and non-clerical workers in the Nigerian civil service, demanding better wages in response to the rising cost of living brought about by the Second World War [4]. In the last 36 months, the Nigerian health system has experienced more than eight different strikes involving doctors, nurses and allied healthcare workers [5–10]. These strikes

### Since the eighties, strikes by healthcare workers has become more common in Nigeria....

In the last 36 months, the Nigerian health system has experienced more than eight different strikes involving doctors, nurses and allied healthcare workers

Research Open Access Published: 27 July 2016

Industrial action by healthcare workers in Nigeria in 2013–2015: an inquiry into causes, consequences and control—a cross-sectional descriptive study

<u>Obinna Ositadimma Oleribe</u> <sup>⊡</sup>, <u>Iheaka Paul Ezieme</u>, <u>Olabisi Oladipo</u>, <u>Ezinne Patience Akinola</u>, <u>Deborah</u> <u>Udofia & Simon D. Taylor-Robinson</u> In 2021, NARD went on a 21-day strike. • It even merited its on Wikipedia page....



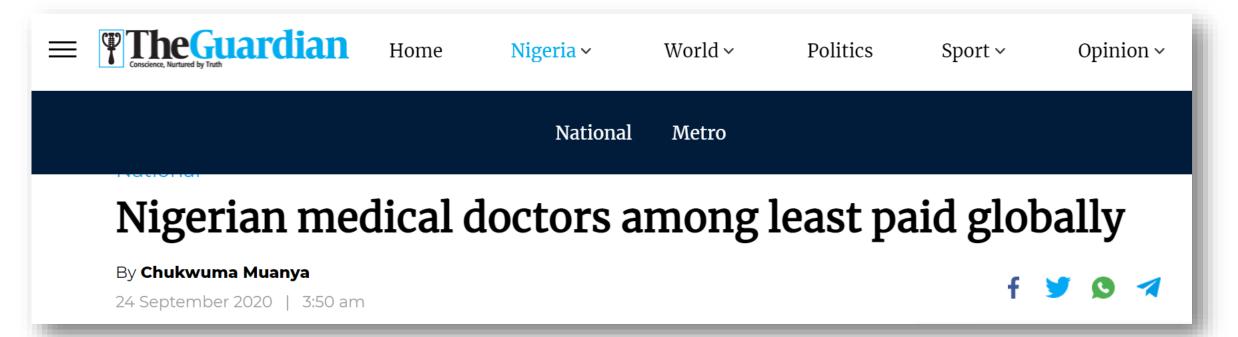
Article Talk

#### 2021 Nigerian doctors' strike

From Wikipedia, the free encyclopedia

### What are the main reasons for these strikes?

- Poor salary
- Poor funding of health
- Poor infrastructure



### Have these conditions been addressed?

#### Abia Govt Yet To Pay 19 Months' Salary Arrears To Our Members – Resident Doctors

Channels Television Updated August 26, 2021



Advertisement

Home > Doctors' salary: Abia, Ondo, Ekiti top debtors' list, says NMA

#### Doctors' salary: Abia, Ondo, Ekiti top debtors' list, says NMA

• Union urges states to pay up to avert industrial crises

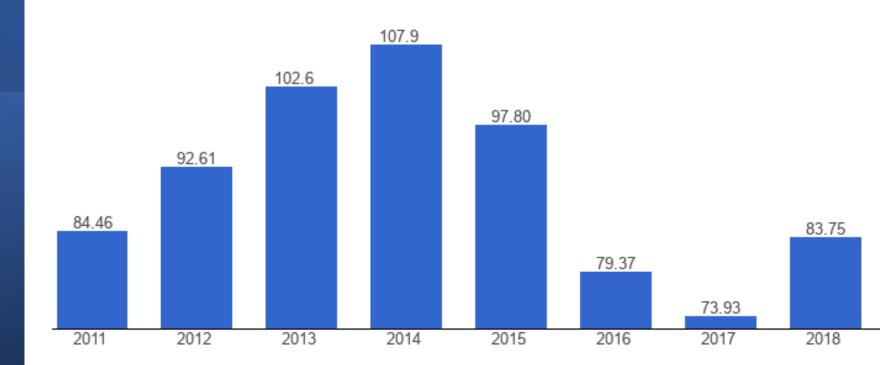
By Our Reporter - On Dec 10, 2021

# Verdict on the future of strike in Nigeria:

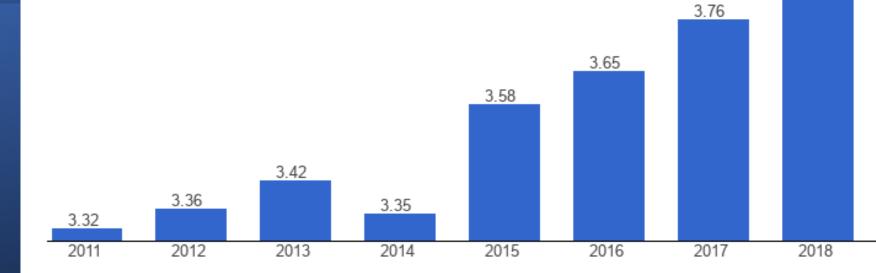
It is not going to stop, rather it may continue to increase

## Health Expenditure in Nigeria

Per capital spending on health in Nigeria: 2011-2018



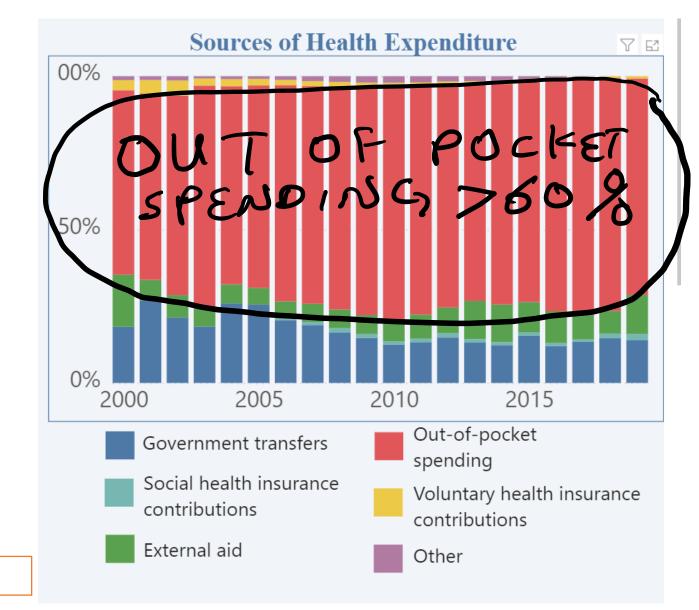
Global Average: \$1172 Recommended Barest Minimum: \$44 Health spending as a % of GDP in Nigeria: 2011-2018



3.89

#### Global Average: 6.81 Recommendation at Abuja Declaration : 15%

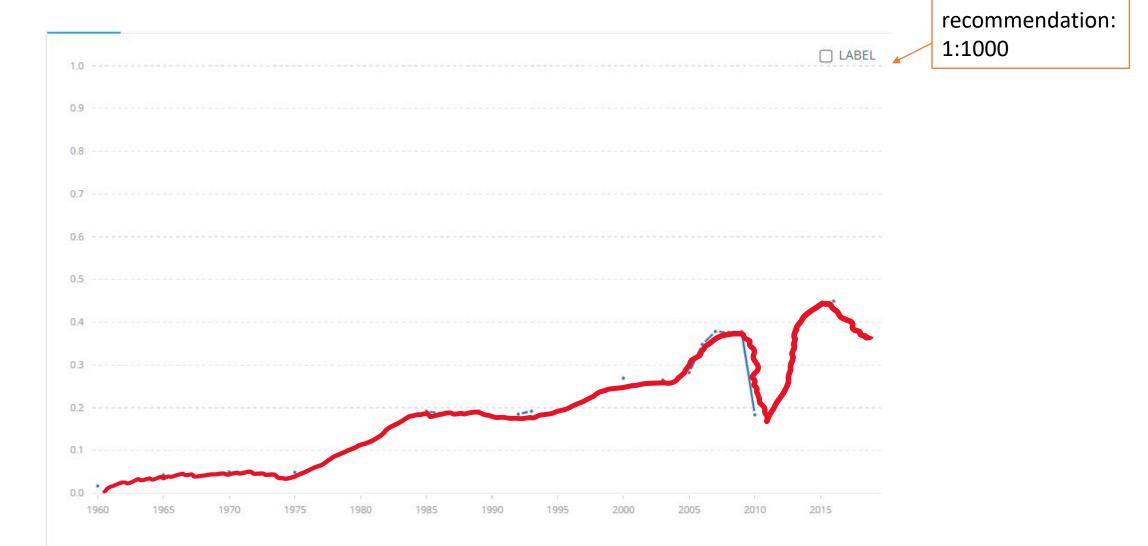
Sources of Health Expenditure in Nigeria 2005-2015



WHO recommends OOPS of <15%

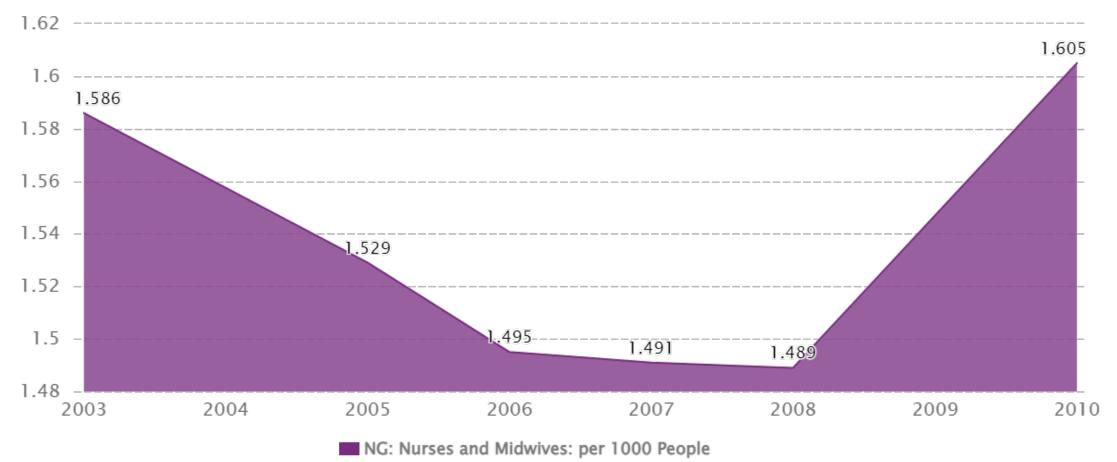
# Status of healthcare staffing in Nigeria

### Physicians per 1,000 people in Nigeria



WHO

#### Nurses per 1000 people in Nigeria



SOURCE: WWW.CEICDATA.COM | World Bank

WHO recommendation: 3-4:1000

### Will the staffing situation improve?

#### Table 3: Population Estimate, Health Workforce & Doctors 2016-2030

Year	Population estimate	Estimate of Doctors and Nurses minimum requirement(% Percentage of Doctors, Nurses And Midwives in estimated total population)	Estimate of Doctors requirement(% Percentage of Doctors in estimated total population)	Expected new addition to stock of doctors to meet requirement
2016	185,095,806	422,018(0.23)	101,803(0.55)	
2017	190,278,488	433,835(0.23)	104,653(0.55)	2,850
2018	195,606,286	445,982(0.23)	107,583(0.55)	2,930
2019	201,083,262	458,470(0.23)	110,596(0.55)	3,013
2020	206,713,594	471,307(0.23)	113,692(0.55)	3,096
2021	212,501,574	484,504(0.23)	116,876(0.55)	3,184
2022	218,451,618	498,070(0.23)	120,148(0.55)	3,272
2023	224,568,264	512,016(0.23)	123,513(0.55)	3,365
2024	230,856,175	526,352(0.23)	126,971(0.55)	3,458
2025	237,320,148	541,090(0.23)	130,526(0.55)	3,555
2026	243,965,112	556,240(0.23)	134,181(0.55)	3,655
2027	250,796,135	571,815(0.23)	137,938(0.55)	3,757
2028	257,818,427	587,826(0.23)	141,800(0.55)	3,862
2029	265,037,343	604,285(0.23)	145,771(0.55)	3,971
2030	272,458,388	621,205(0.23)	149,852(0.55)	4,081

#### 2016-2030

- Number of doctor required: 124,394 101,803 to 149,862 )
- Nurses & midwives required = 515,668 (422,018 to 621,205)

### Verdict: Staffing situation will not Improve!

"A look at the trend in deficit shows a progressive trend with physician deficit increasing from **30.86 percent** in 2016 to **33.45 percent in 2030**. Similarly, Nurses deficit rose from **26.09 percent** in 2016 to **29.25 percent** in 2030. With this trend if no conscious effort is made to reverse deficit, by 2030 the countries health indices will be much worse than it is now. Although we did not study the adequacy"

Adebayo, O., Labiran, A., Emerenini, C. F., & Omoruyi, L. (2016). Health workforce for 2016–2030: Will Nigeria have enough. *Inter J Inn Heal Res*, *4*(1), 9–16.

## What's the future of infrastructure in Nigerian Hospitals?

In the early eighties, UCH was among the top 10 hospitals in the commonwealth!



Now, it's not even among the top 10 in Africa!

Overall I	Rank	×	Health	~	Africa	~	2021		
	ed institution t to compan						I	Download da	ta (csv)
									Best quartile
	<b>1</b> (615)	Kenya Medical	l Research Institute				KEN	Ø	<b>Q1</b>
	<b>2</b> (637)	South African I	Medical Research Counc	cil			ZAF	8	<b>Q1</b>
	3 (650)	National Institu	ute for Medical Research	n			TZA	8	Q2
	<b>4</b> (736)	Aga Khan Univ	versity Hospital, Nairobi				KEN	8	Q2
	<b>5</b> (742)	Groote Schuur	Hospital				ZAF	8	Q2
	<b>6</b> (759)	Egyptian Natio	onal Cancer Institute				EGY	8	Q2
	<b>7</b> (774)	National Organ	nization for Drug Contro	l and Research			EGY	8	<b>Q2</b>
	8 (778)	Tygerberg Hos	pital				ZAF	8	Q2
	<b>9</b> (779)	Institut Pasteur	r de Tunis				TUN	8	<b>Q1</b>
	<b>10</b> (790)	Centre Hospita	alier Ibn Sina Rabat *				MAR	8	Q2
	11 (797)	University Coll	lege Hospital, Ibadan		>		NGA	Ø	<b>Q1</b>

### Census of Radiographic equipment in Nigeria

Equipment**	Year invented	Year of first installation in Nigeria	Site of first installation	Current estimate	Year estimate was computed
X-Ray	1895	1910	LIGH	5000	2006
СТ	1972	1987	UCH	183	2018
MRI	1977	1999	NHA	58	2018
Ultrasound	1942	1975	UCH	4500	2018
Angiography	NA	1961	UCH	NA	NA
Mammography†	1965	1999	NHA	180	2018
Fluoroscopy	1896	1972	UCH	28	2018
Lithotripter	1980	1992	IHMRC	NA	NA
DEXA	1987	NA	NA	NA	NA
LINAC	1952	1999	NHA	5	2017
Cobalt-60 Machine	1951	1975	LUTH	3	2016
SPECT	1963	2006	UCH	3	2018
OPG	1961	NA	NA	NA	NA

LIGH: Lagos Island General Hospital; UCH: University College Hospital, Ibadan, Oyo State; NA – Not Available; NHA: National Hospital Abuja; LUTH: Lagos University Teaching Hospital; IHMRC: Igbinedion Hospital and Medical Research Centre, Okada, Edo State; LINAC: Linear Accelerator (dedicated Medical LINAC); CT: Computerized Tomography; MRI: Magnetic Resonance Imaging; DEXA: Dual Energy X-ray Absorption Photometry; OPG:Orthopantomography; SPECT: Single Photon Emission Computerized Tomography; X-ray: X-ray Machines

\*Table compiled using information in references (27,29-31,37,41,46-61)

\*\*No PET, PET-CT, PET-MRI, fMRI machines in the country yet

Table 5. Census of Radiology equipment in Nigeria.\*

*†Refers to dedicated mammography unit* 

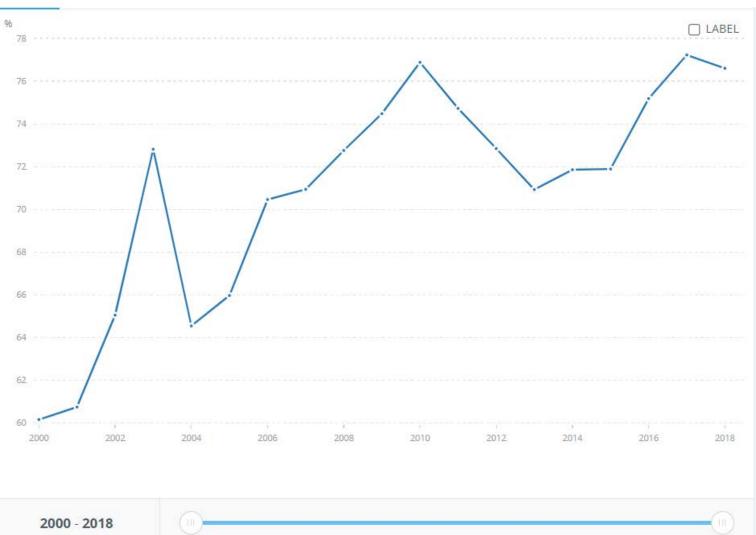
# Is the state of infrastructure likely to improve soon

 Not very likely because health sector funding has remained consistently poor!

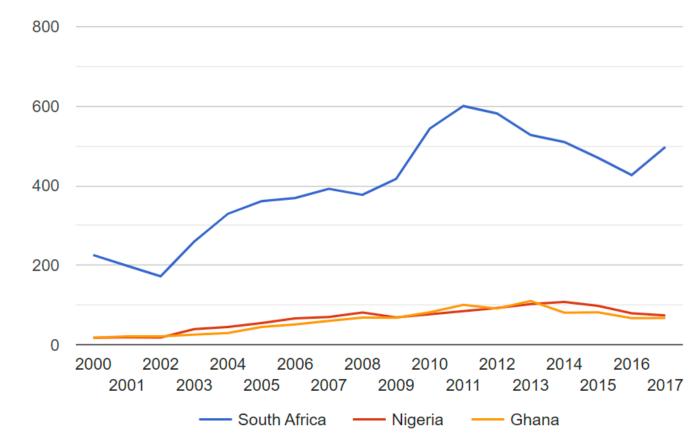
Country	% GDP spent on Health
Nigeria	3.7%
South Africa	9.0%
Kenya	5.7%
Zambia	5%
Tanzania	5.6%
Uganda	7.2%

# Is the state of infrastructure likely to improve soon

 Not very likely because out of pocket spending as a percentage of per capital total health expenditure has remained persistently high in Nigeria



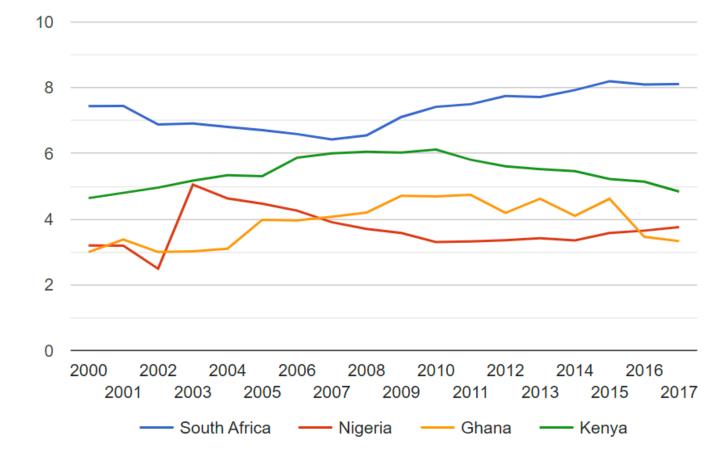
Per capital spending on health: Comparison of some countries in Africa



#### Health spending per capita

Health spending as a percentage of GNP: Comparison of some countries in Africa

#### Health spending as percent of GDP



#### The future looks Bleak

- Brain drain: Likely to get worse
- Strikes: Always looming
- Health expenditure: Not likely to improve
- **Staffing**: Likely to remain under par
- Infrastructure: Not expected to improve

"The future of everybody and everything depends what each one is doing now."

**Ronald Sanson Stresser Jnr** 



### How can we make our future better?

### **USING FORCE**

#### SSS officers open fire at recruitment centre, chase away doctors seeking job to Saudi Arabia

The interviews had been scheduled for 8:00 a.m. and many of the doctors had been arriving at the venue as of 5:30 a.m., a doctor said.

IKEOLUWA FALOLU - AUGUST 27, 2021



What cannot work...

## What will not work: DENYING THE OBVIOUS

### Despite official data stating otherwise, Ngige claims Nigeria has 'surplus' doctors

By Azeezat Adedigba – April 24, 2019 3 min read

Despite official data showing that Nigeria 'gravely' lacks an adequate number of doctors, a minister has claimed otherwise.

#### Buhari regime proposes nine-year compulsory post-training service in Nigeria for health workers

Meanwhile, Mr Ngige himself had once dismissed the brain drain in the health sector, boasting that the country has enough doctors to cater for the population.

**OYINDAMOLA OLUBAJO · NOVEMBER 11, 202** 



Can this work?

#### How can this work?

- A doctor emigrating should ""pay it back if you don't come back." <u>https://www.weforum.org/agenda/2016/10/how-to-reverse-the-medical-brain-drain/</u>
- Those who trained in private hospitals should be exempted

## Can this work?

# Prevent political and administrative office holders from taking their treatment abroad

### TIMELINE: Buhari has spent 200 days in UK for treatment since assuming office

By the second week of August, when the president is due back, he would have spent about 200 days in London on official medical trips.

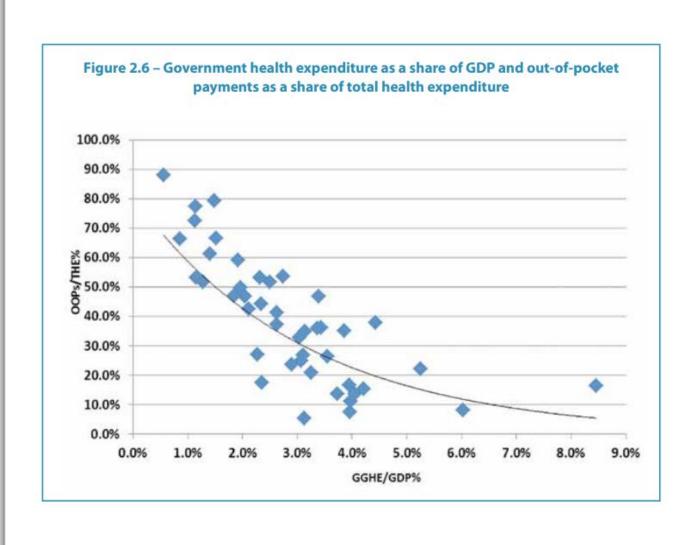
# Nigerian politicians kill medical tourism bill

By IMTJ Team - 7th June 2019

News

### Health System Funding must improve

- Political will to meet the Abuja declaration target OF 15% health expenditure as a share of GDP
- The misconception that health is an unproductive sector demystified.
- Increasing Government health expenditure will decrease Out Of Pocket Spending



- We don't have to reinvent the wheel
- Setup a Health Trust Fund based on the TETFUND model





Introduce Universal pro-poor health insurance scheme

- Ghana approach:
  - 2.5% of VAT and a payroll tax to fund a NHIS
  - About 50% are exempted from paying premium.
  - Those exempted includes children and the elderly.

#### • The Rwanda approach:

- Community-based mutual health insurance schemes ("mutuelles")
- Part of a national health financing system
- Focus on increasing coverage among those outside the formal employment sector
- Backed by strong national law

#### **Create Fiscal Space for Health**

- "A potential way to increase domestic funding is through creating fiscal space. Fiscal space refers to the availability of budgetary room that a government can use to provide resources for health in a sustainable manner, i.e. without crowding out other priority sectors or increasing government debt. One way of creating fiscal space is through strengthening tax administration."
- This is similar to what Ghana did!

### **Operationalize PPP**

- PPP has been shown to work in many hospitals in Nigeria (Especially those in Lagos)
- Introduce measures to make PPP attractive in other parts of the country especially rural areas ( <u>https://economictimes.indiatimes.com/o</u> <u>pinion/et-commentary/ppp-for-rural-</u> <u>infrastructure/articleshow/5756138.cms?</u> <u>from=mdr</u>)

#### Hospital based insurance scheme

- This was a pet idea of mine
- Specifically for emergency departments
- In partnership with an insurance provider
  - Fix a premium for all patients
  - All patients are treated regardless of their ability to pay
  - Insurance pays the hospital for those who defaults
  - Benefit to patient: Delay in treatment is avoided
  - Benefit to hospital: No loss of income and patient turnover is improved. Hospital reputation enhanced
  - Benefit to insurance firm: They make profit!

Increase Health Sector contribution to the GDP Go for the India model and turn Nigeria into a medical tourist centre

### **Reduce medical tourism**

# Table 5: Respondents' reasons for willing to practice in aforeign country

#### Variables

Frequency (*n*=329), *n* (%)

Address the Push Factors

	n (%)
Push factors out of Nigeria	
Poor salary and other financial incentives	218 (66.3)
Poor working environment	210 (63.8)
Insecurity	153 (46.5)
Inter-professional rivalry in the health sector	125 (38.0)
Lack of governments interests in research at all levels	163 (49.5)
Lack of governments interests in doctors' capacity building	205 (62.3)

Aim is to encourage healthcare workers in diaspora to come back:

When to return to Nigeria		
Immediately after training	11	5.6
Work<5 years and return	19	9.7
Work 5-10 years and return	50	25.5
Work >5 years and return	65	33.2
Never return to practice Medicine in	51	26.0
Nigeria		

## Before closing.....

### Never look a gift horse in the mouth!

#### Mydas Hotel and Resort Owo

# Thank you for listening

To ask questions, please join the forum at www.oluwadiya.com