

Retaining the health workforce in the healthcare system of Nigeria

Healthcare is centrally positioned within the United Nations 2030 sustainable development agenda under sustainable development goal (SDG 3) which seeks to guarantee healthy lives and promote well-being for all at all ages.^{1,2} Central to the attainment of this goal is a motivated human resource for health (HRH) workforce that delivers quality healthcare to the world's population.^{1,2} Human Resources for Health (HRH) has been defined as all people engaged in actions whose primary intent is to enhance health.^{3,4} It refers primarily to the health workforce or health workers. The World Health Organization (WHO) defines health workers to be people in the formal and informal sector who are engaged in the promotion, protection or improvement in population health.⁵ The health system comprises of activities with the primary goal of improving health. The WHO recognizes HRH as one of the six main building blocks of the health system which also includes finance, services, technologies, information and governance.^{5,6} Human resource is considered to be the heart of the health system in any country and can be described as the most important component of the healthcare system.^{2,4,5,6} The health workforce is thus the cornerstone of every health system, and is critical to the provision of good quality health services, improving population health, ensuring universal health coverage and the achievement of the Sustainable Development Goals.^{2,7} The WHO emphasizes that health systems can only function well when they have sufficient, well-trained, competent, responsive, motivated, productive and fairly distributed health staff.⁴

There is a global demand for the health workforce. Globally, the World Health Organization (WHO) has estimated that worldwide by 2030, there will be a shortage of 18 million health workers.^{2,4,8} There is a health workforce shortage in nearly all the countries in Africa and this has affected the delivery and quality of basic health services and affects progress in achieving the SDGs.^{2,3,8} Several factors have contributed to the health workforce crisis in the African region, including insufficient training and recruitment of health professionals, weak leadership and governance

of the health workforce, poor retention of health workers, inadequate and inefficient use of financial and human resources, migration to more developed nations for greener pastures, wars, conflicts and insecurity among others.^{2,7}

Nigeria suffers from severe shortages of health workers like other African countries. Indeed, Nigeria is a crucial supplier of healthcare workforce 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 2022.⁷ Nigeria has a skilled health worker density of 1.83 per 1000, and this is far below the WHO recommendation of 4.45 healthcare workers per 1000 people for adequate health coverage.^{7,9,10} Despite having one of the highest health worker densities in Africa, Nigeria still faces a severe shortage of health workforce. There is thus a pressing need to address the issue of health workforce shortage in Nigeria, as it poses a significant barrier to achieving the SDGs, especially SDG 3.⁷

As a result, there is a need to retain the health workforce in Nigeria. Retention of the health workforce refers to efforts, policies and overall strategies to maintain health workers in practice and prevent attrition.⁸ In sub-Saharan Africa, Nigeria inclusive, health workforce retention-related challenges remain one of the major threats to the attainment of SDG3.

The World Health Organization identified strategies that may help retention of health workers or motivate them to remain in resource-limited settings. These strategies cover education recommendations, regulatory recommendations, financial incentives recommendation, personal and professional support recommendations.^{2,4,9,11} They include development of policy to enroll students of rural background for trainings; enhance continuing education and professional development programs; scholarship, bursaries and other education subsidies; financial incentives like increased salary, housing grants and free transportation; and improve living and working conditions, among others.

In order to manage the health workforce shortages, the Nigerian Government approved a new national policy on health workforce migration in August 2024. This policy aims to mitigate brain drain and encourage the return of health professionals from the diaspora.^{7,10} The policy highlights include institutionalization of an effective well-managed migration of health workers linked to the Universal Health Coverage (UHC) aspirations of the Government of Nigeria; 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; recognition that managed migration can play a key role in building capacity of health systems in Nigeria and skill/ knowledge transfer from the diaspora; proposes the deployment and application of bilateral and multilateral agreements on recruitment of health professionals; 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; advancing multi-sector and whole-of-government approaches to managed migration in Nigeria; recognition of the role of the private sector as a source of innovation and health as a service.⁷

Although the policy has several strengths, such as its comprehensive approach and focus on improving conditions in rural areas, it also has notable weaknesses. The absence of specificity regarding economic incentives and improvements in salaries could undermine its effectiveness. Additionally, potential disparities in state-level incentive programmes might lead to the uneven distribution of health-care workers. The policy also does not directly address the issue of reducing working hours, which is a substantial factor in worker satisfaction.¹⁰

Incentive programmes go a long way in the retention of the health workforce. However, Nigeria's policy is less detailed in terms of economic incentives. Full implementation of the policy will encourage retention of the health workforce in the Nigerian healthcare system.

REFERENCES

1. Manda K, Silumbwe A, Kombe MM, Hangoma P. Motivation and retention of primary healthcare workers in rural health facilities: An exploratory qualitative study of Chipata and Chadiza Districts, Zambia. *Glob Public Health* 2023;18(1):2222310.
2. WHO Regional Office for Africa. The state of the health workforce in the WHO African Region, 2021. Brazzaville, Congo: WHO Regional Office for Africa, 2021.
3. Sirili N, Frumence G, Kiwara A, Mwangi M, Anaeli A, Nyamhanga T, et al. Retention of medical doctors at the district level: a qualitative study of experiences from Tanzania. *BMC Health Serv Res* 2018;18(1):260.
4. World Health Organization. Global strategy on human resources for health: workforce 2030. Geneva: World Health Organization, 2016.
5. World Health Organization. Working together for health: The World Health Report 2006. Geneva, Switzerland: World Health Organization, 2006.
6. Ossai EN, Ibiok NC, Chukwuogo O, Umeobieri AK, Aniwada EC, Ugwunna NC. Rural retention of human resources for health. *Niger J Med* 2012 ;21(2):138-145.
7. Federal Ministry of Health. National Policy on Health Workforce Migration. Abuja:FMOH,2024.
8. Twineamatsiko A, Mugenyi N, Kuteesa YN, Livingstone ED. Factors associated with retention of health workers in remote public health centers in Northern Uganda: a cross-sectional study. *Hum Resour Health* 2023;21(1):83.
9. Okoroafor SC, Ongom M, Salihu D, Mohammed B, Ahmat A, Osubor M, et al. Retention and motivation of health workers in remote and rural areas in Cross River State, Nigeria: a discrete choice experiment. *J Public Health (Oxf)* 2021;43(Suppl 1):i46-i53.
10. Olatunji G, Aderinto N, Kokori E, Abraham IC. Nigeria's new policy: solution for the health-care workforce crisis? *Lancet* 2024;404(10460):1303-1304.


11. World Health Organization. Increasing access to health workers in remote and rural areas through improved retention: global policy recommendations. Geneva: WHO, 2010.

Richard Chinedu Echem

Editor-in-Chief

Department of Surgery, Faculty of Clinical
Sciences, College of Health Sciences,
University of Port Harcourt, Port Harcourt,
Nigeria
Email: richard.echem@uniport.edu.ng

This is an open access journal and articles are distributed under the terms of the Creative Commons Attribution License (Attribution, Non-Commercial, ShareAlike 4.0) -(CCBY-NC-SA4.0) that allows others to share the work with an acknowledgement of the work's authorship and initial publication in this journal.

Access this article online	
Quick Response Code:	Website:
	www.phmj.org.ng
	DOI: https://doi.org/10.60787/phmj.v18i3.198
How to cite this article: Echem RC. Retaining the health workforce in the healthcare system of Nigeria Port Harcourt Med J 2024;18(3):105-107.	

