

'JAPA' SYNDROME IN NIGERIA'S HEALTH AND EDUCATIONAL SECTORS: EFFECT ON NATIONAL DEVELOPMENT

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Abstract

The 'japa' syndrome, a drainer of Nigeria's human resources, particularly the young population due to mass emigration to Europe and America, is a recurring catastrophic pandemic besieging the country. This policy brief uses most affected sectors of the economy – health and education – as case studies to call for government attention and intervention to stem this dangerous tide, which is fast turning Nigerian hospitals into mortuaries and universities into children's playgrounds. Though there are existing institutional and legal frameworks already in place in the country to checkmate this monstrous situation, but they are not enough to fill the gap to control the tsunami scourge that besieges the two critical sectors of the Nigerian economy. Available data show that the 2023 budget for health of (5.75%) and education (7.5%), and also the budget of hope to these two critical sectors in 2024 – where education was allocated N2.18 trillion (7.9%) and health got N1.228 trillion (4.47%) – all fell below the WHO and UNESCO benchmarks. In addition, Nigeria's current doctor-patient ratio of 1:10000 which is grossly under WHO's doctor-patient ratio of 1:600 is the result of the 'japa' syndrome. Universities are not also spared this scourge as a very recent report by *The Guardian* showed that 50% of lecturers have migrated overseas for greener pastures. This bleak data in tertiary education was influenced by several factors, including poor wages, insecurity, economic depression and hyperinflation, fluctuating government policies, etc. The negative impact on both sectors extends to other sectors of the

economy. The recommendations made in this policy brief include containing insecurity by the end of 2024, and immediate review of workers' salaries, ending the hyper-inflation in the economy, among other remedial options to stem the tide of the brain drain. The study further provides implementations strategies that could effectively curb this 'japa' syndrome beleaguering Nigeria's work force, especially the huge drain on health and education.

Keywords: policy, education, health, national development, and budget.

Background

A second wave of slavery has begun in Nigeria! As successive post-independence governments subject Nigerians to servitude, poverty, inadequate amenities, insecurity, economic hyperinflation, and crippling educational and health systems are forcing Nigerians to flee to Europe, America and other parts of the world. This mass exodus began in the 1970s and 1980s when "faced with uncertain future owing to military interregnums and a volatile economy, Nigerian youths journeyed to the West – the US and UK – while some left on a limb to Ukraine" (Nwabufo, 2021). The second wave of emigration may be linked to the aborted #EndSARS protests of 2020 in which Nigerian youths protested unending and senseless police brutalities. The protests which shook the nation led to the massacre of youths keeping vigil at the Lekki Tollgate in Lagos. The reasons for the protests include a clarion call good governance and accountability of Nigeria's security agencies. The failure of the government to address the root causes of the protest which caused despair among the nation's young population has resulted in the mass exodus of Nigerians to other nations, including African countries, for greener pastures. This current wave of emigration is not limited to the youths, as Nigerians of all ages and class, skilled and unskilled workers, private and public sectors workers are fleeing the country. The 'japa' syndrome which has hit the health and educational sectors such that "...it is still trending like an emerging pandemic"(Ogunbible, 2023) will be used as a case study to show the impact of mass migration on Nigeria and national development.

Aim and Objectives of the Policy Brief

The general aim of this research is to show that Nigeria faces some challenges when there is mass migration in its health sector and educational sectors. The objectives are:

- to prove the existence of 'japa' syndrome in the Nigeria's health and educational sectors.
- to discuss the causes and consequences on Nigeria.
- to review the legal and institutional frameworks affected by the 'japa' syndrome.
- to make recommendations that address the mass migration.
- to highlight implementation strategies that minimize 'japa' in the health and education sectors.

'Japa' Syndrome in Nigeria's Health and Educational Sectors

Policy Context

Undoubtedly, the working conditions in health and educational sectors, particularly for doctors and lecturers in Nigeria. Like most Nigerian workers, they work in slavish conditions despite the plethora of national, regional and international laws, regulations and policies that abolish slavery and inhuman work conditions in Nigeria. For instance, The *Slavery Abolition Act* of 1833 abolished slavery and slave trade in the British Empire.

The *Universal Declaration of Human Rights* of 1948 is the foundation for universal and inalienable rights and freedoms enjoyed globally. It enjoins State-Parties to domesticate, enforce and protect the enshrined rights and freedoms of citizens. Article 4 provides that "no one shall be held in slavery and servitude; and slavery and slave trade shall be prohibited in all their forms". Article 13 provides for the right to work and favourable work conditions; protection against unemployment; and favourable remunerations for people to live in dignity. Article 25 provides the right to a standard of adequate healthy living for workers and their families; the provision of social services to workers in times of unemployment, old age, sickness, disability, widowhood and in circumstances beyond their control. Article 26 further provides the right to free education at the fundamental stages, while Article 13 provides the right to migrate and return to one's country at any time at any time one desires.

The *International Covenant on Civil and Political Rights*, 1966, and the *International Covenant on Economic, Social and Cultural Rights*, 1966 have reiterated the above-mentioned provisions of UNDHR.

The *African Charter on Human and Peoples' Rights*, 1966 expressly places a ban on slavery, slave trade and servitude.

In addition, section 34 of the *Constitution of the Federal Republic of Nigeria, 1999*, prohibits slavery, slave trade and slave labour in Nigeria. To ensure good governance in Nigeria, Chapter II on "Fundamental Objectives and Derivative Principles of State Policy" provides in its section 14 for the welfare and security of citizens. Section 16 states that citizens are entitled to living wages, provisions of shelter, food, and welfare for the old, sick and the disabled, while section 17 restates that all citizens, without discrimination, shall secure adequate means of livelihood, employment opportunities, and adequate medical and health facilities for persons.

Trafficking in Persons (Prohibition) Enforcement and Administration Act, 2015, bans human trafficking in Nigeria, prescribes the punishment for trafficking, and makes provision for the rehabilitation of trafficked persons.

Labour Act, 1971 prohibits slavery and slave labour in Nigeria.

Criminal Code Act and *Penal Code Act* operational in Southern and Northern, Nigeria respectively also prohibit slavery, slave trade and slave labour.

Institutional Frameworks for the Health and Educational Sectors in Nigeria

The institutions that supervise Nigeria's health and educational sectors include:

- Federal Ministry of Health
- Federal Ministry of Education
- Federal Ministry of Labour and Employment
- Medical and Dental Council of Nigeria
- Health Facility Monitoring and Accreditation Agency
- National Agency for Food and Drugs Administration
- National Universities Commission
- Tertiary Education Trust Fund
- National Teachers Institute
- Nigeria Educational Research and Development Council
- West African Examinations Council
- Joint Admissions and Matriculation Board

Causes of 'Japa' Syndrome in the Health and Educational Sectors

There are several factors that compel health workers and university lecturers to migrate and seek better opportunities outside Nigeria. They include:

1. The salaries and wages of health workers and lecturers in higher educational institutions are some of the lowest in the world. For instance, Academic Staff Union of Universities (ASUU) has had running battles with the federal government over the review of members' salaries which was last reviewed in 2009. A situation where medical doctors are paid between \$200 and \$800 dollars per month, and lecturers paid less than \$350 a month in an economy experiencing super-hyper-inflations is unfortunate. Poor salaries and slavish wages drive the unending migration out of Nigeria.
2. Nigeria's hyperinflation has sky-rocketed the prices of goods and services. The removal of petroleum subsidy on May 29, 2023 together with hyper-inflation have affected the purchasing power of salaried workers in the health and educational sectors, causing them to emigrate to more stable economies.
3. Insecurity of lives and property caused by insurgency, terrorism, banditry, farmers-herders' conflicts, kidnappings, armed robberies, organ harvesting, ritual murder, and cybercrime have compelled professionals to flee the country. For instance, almost two hundred civilians were massacred in unprovoked attacks in three local government areas of Plateau state, while more than 1,290 houses were burnt and 10,000 people displaced on Christmas eve in 2023 (*Punch News*, 27 December 2023). The Management Committee Chairman of Bokkos Local Government Area, Monday Kassa, claimed that the attacks were "unprovoked and well-coordinated by our assailants because they took place in all the 25 communities simultaneously". The ugliness of the

insecurity in Nigeria which makes it impossible for health and education professionals to work safely in the country is seen in a newspaper report that, "Residents of over 200 villages now find themselves targeted on a daily basis by armed herdsmen, reportedly cloaked in military camouflage" (*Daily Post*, February 12, 2024). The insecurity in Nigeria is further highlighted in this report that, "It is horrific that attacks by gunmen have claimed at least 123 lives mere weeks after President Bola Tinubu assumed office on 29 May" (Isa Sanusi, *Amnesty International*, 2023). Amidst the un-seriousness of the government and the military hierarchy to end insecurity in Nigeria which has claimed thousands of lives of both civilian and military populations, Solomon Odeniyi reports that, "No fewer than 1,008 soldiers have resigned from the Nigerian Army in the last four years" (*Punch Newspaper* September 9, 2024). Despite vehement denials from the military about the resignation of soldiers, *Sahara Reporters* claims that, apart from the deep-rooted corruption in the Nigerian Army and keeping the soldiers for very long periods of time at the war fronts, the soldiers who have not reached their retirement age tender their resignation letters "over poor welfare, inadequate equipment, and lack of motivation within the Nigerian Army." (September 7, 2024).

4. Inadequate facilities to perform their duties effectively and efficiently are factors influencing the 'japa' syndrome. For instance, doctors have been known to often use torch-lights to perform surgeries due to lack of electricity in the hospitals, and university lecturers teach students in ill-equipped classrooms, laboratories and libraries.
5. Lack of good health and educational facilities often force staff of the two sectors to migrate to countries with better healthcare and educational facilities that benefit them and their families.
6. Some workers in these critical sectors migrate to countries where they earn higher wages including hazard allowances and have access to better insurance than they have in Nigeria. The Chief Medical Director of National Hospital, Abuja, Professor Mahmud Raji, recently raised an alarm that more than 500 medical personnel, which includes doctors, nurses, pharmacists, physiotherapists, and medical engineers resigned from the hospital in the last two years, for greener pastures abroad. He lamented that not does he treat at least two files of workers leaving the hospital every day, but that, "Here, we have lost a number of quite senior doctors, especially the middle cadre doctors and the very young ones" (*Tribune*, 5 February, 2024).
7. Some also migrate because of the grinding poverty in Nigeria. They cannot carter for other family members if they remain in the country, due to the exorbitant prices of petroleum products and the catalytic effect on other consumables.

8. Politics also influence migration. Nigeria's elections are often marred by violence and thuggery, ethnic and religious discrimination and party loyalty to the detriment of good governance.
9. Constant changes in government policies and regulations also affect health workers and university lecturers. For instance, the Integrated Payroll and Personal Information System (IPPIS) introduced by the federal government as a payment platform for health and university staff has caused frictions between health and university unions and the government, resulting in prolonged and repeated strike actions. Consequently, salaries are withheld for months and in some cases the amount payable reduced. This recurring problem has significantly contributed to the mass exodus of staff in Nigerian hospitals and universities.
10. Greed is another enabling factor of the 'japa' syndrome. Some health workers and lecturers migrate under the mistaken belief that money is littered on the streets of Europe, America and Canada. Upon their arrival, they discover that the countries are not configured as they imagined them to be.

Consequences on the Health and Education Sectors

There is no doubt that emigration has negative and positive impacts on these two sectors, which are cornerstones of other sectors in Nigeria. They include the following:

Negative Impact:

1. Loss of manpower and expertise to oversee hospitals and higher institutions.
2. Lack of mentors for young Nigerians due to the emigration of experts.
3. Dearth of researchers because people with research experience prefer to conduct their research in developed countries where they can attract funding.
4. Nigeria's loss of its international respect and goodwill in the comity of nations when immigrants from Nigeria engage in illegal activities, like certificate forgery, cyber-crime, drug trafficking, money laundering, and marriage scam in the countries they migrate to. Emelike states that some Nigerian immigrants thought to be working abroad are sometimes in prison for one crime or the other (2023).
5. Desperate Nigerian migrants take dangerous illegal routes making them susceptible to death at the hands of criminal elements. It was estimated that more than 5600 people have reportedly died while crossing the Sahara Desert, and "Bodies of 27 migrants, including children, found in Chad desert" (*Aljazeera*, 2022). In addition, more than 20,000 migrants have allegedly perished while sailing to Europe across the Mediterranean Sea since 2014 (Green, 2023).
6. Another hazard of 'japa' syndrome is the susceptibility to criminal syndicates specializing in organ harvesting. They pose as genuine travel agents to lure unsuspecting victims desperate to migrate. They kill them and harvest their organs to sell.

7. The women are not left out as they are often trafficked into sex slavery or domestic servitude by human trafficking syndicates (Atoyebi and Titus, 2022). Some are paid to have sex with dogs for pornography. For instance, a video circulating on social media which showed a Nigerian girl in Dubai having sex with a dog for money “confirmed that the rumours were true” (Odozi, 5 February, 2019). While bestiality is not a common feature of health and university staff who migrate, the possibility may not be ruled out if the individual is faced with existential problems in a foreign country.
8. Some who travelled to Europe and America believing that they are mythical lands of El Dorado often resort to criminal activities for survival. Adeyanju and Oriola state that Nigerian migrants rarely get meaningful jobs overseas, which inform their decisions to join the informal sectors of those economies (2011). To this end, some doctors and lecturers often end up as drivers, security men and caregivers instead of remaining unemployed overseas.
9. Nigerian health workers and lecturers often experience racial discriminations abroad. Adeyanju and Oriola claim that the lives of migrants abroad conceal the unpleasant dark sides of the racist exploitative unemployment they go through (2011). Some are mentally and emotionally destroyed by the racial stigma they experience in the countries of emigration.

Positive Impact of the ‘Japa’ Syndrome on National Development

Migration of medical doctors and lecturers also have positive impact on Nigeria’s national development. These include:

1. Annual overseas remittances in billions of dollars and other foreign currencies are an important factor that drives Nigeria’s economy.
2. Nigerian emigrants acquire new skills and expertise that are beneficial to the country when they return to Nigeria to practice their professions.
3. They also acquire state-of-the-art technologies that are not available in Nigeria. When used in the treatment of patients, or in teaching and research in Nigerian universities, the country benefits from these technologies.
4. In addition, some health and university staff resident abroad often come to Nigeria to update their colleagues on recent trends. They organize conferences, workshops, seminars or symposia as avenues to share knowledge with colleagues on new trends in the academia or health management. They also organise medical outreaches in rural areas as a way of giving back to the society that groomed them.

Conclusion

There is an urgent need for government interventions in Nigeria’s public and private sectors, especially the health and education sectors. Migration has turned hospitals into mortuaries and universities into playgrounds and failure to control ‘japa’ syndrome will retard development. Speaking at a symposium, the President of Nigerian Medical

Association said that "233 doctors moved to the United Kingdom in 2015, the number increased to 279 in 2016; 475 in 2017, the figure rose to 852 in 2018, it jumped to 1347 in 2019; 833 in 2020 and 932 in 2021". Statistics given by UK Immigration showed that 13609 Nigerian health workers were licensed to practice in the United Kingdom in 2022 (Adebowale-Tambe, 2022). According to the President of International College of Surgeons, Nigeria Chapter, the ratio of doctors to patients in Nigeria is 1:10,000 which is below the minimum standard of 1:600 set by the World Health Organization (Adejoro, 2022). Nigeria's education sector has not fared better than its medical counterparts. There are looming crises in Nigerian universities where over 70% of bright and promising academics have left Nigeria due to poor conditions of service (Lawal, 2023). This situation calls for urgent intervention; otherwise, universities may become moribund due to apparent lack of qualified lecturers.

This study submits that the mass migration of doctors from Nigeria is grave and of graver import is the exodus of the lecturers who train the doctors and other professionals that contribute to the development of the country. In the opinion of Baje, "if the government does not move fast to stem the descent into the pre-historic age, Nigeria is on a fast "drift to mass ignorance and low-quality education" (*Business Day*, 8 October, 2023). The recent statistics of lecturers emigrating is frightening. An "Editorial" of *Independent Newspaper* has drawn the attention of Nigerians and the government to the "scary situation of brain drain in Nigerian universities" (13 December, 2023). Baje broke down the statistics thus:

As recently made public, about 50 percent of lecturers in our public universities have already resigned. In specific details, at UI, the figure is 75 percent, at AAUA, it is 45 percent, at the University of Ilorin, it is about 40 percent while about 50 percent of lecturers at the Obafemi Awolowo University (OAU), Ile Ife; Federal University of Agriculture, Abeokuta (FUNAAB), and the Olabisi Onabanjo University, Ago-Iwoye, have similarly resigned and relocated abroad (*Business Day*, 8 October, 2023).

Recommendations and Implementation Strategies for Stemming 'Japa' Syndrome in the Health and Educational Sectors in Nigeria

Recommendation 1

The federal, state and local governments should, as a matter of urgency, increase the salaries of staff in the health and education sectors, as well as the salaries of staff in other public institutions, in line with the United Nations' *Bill of Rights*, the *African Charter*, the *Labour Act* and goals 4 and 8 of the *Sustainable Development Goals 2030* of the United Nations, the *Constitution of the Federal Republic of Nigeria, 1999* as amended, and other statutes, laws and instruments that prohibit slave labour and recommend fair and adequate re-numerations and wages for workers.

Implementation strategies

- a) The Federal Government of Nigeria should send an appropriation bill to the National Assembly for an increment in salaries of workers, and specify the minimum wage of workers in the public sector of the economy.
- b) The federal government should further instruct state and local governments to increase the salaries of their workers, and also regulate the implementation of minimum wage.
- c) The National Assembly should pass into law, an Act which provides for the regulation and implementation of minimum wage for workers in the private sector and the minimum wage.
- d) Medical doctors and lecturers should be placed on salaries that are at par with their colleagues in other countries.

Recommendation 2

The Federal Government of Nigeria should work on containing insecurity in every part of the Nigeria.

Implementation strategies

- a) Increase budgetary allocations of the Ministry of Defence.
- b) Mandate the Ministry of Defence to buy quality armaments as specified in the defence budget.
- c) Appoint competent Service Chiefs with the capability, knowledge and expertise to meaningfully contribute to Nigeria's security architecture.
- d) Ensure that the soldiers at the war front are treated well and adequately remunerated to ensure optimum performance.

Recommendation 3

The Federal, States and Local Governments should create more jobs in every sector of the economy.

Implementation strategies

- a) The Federal Ministry of Labour and Employment should create jobs especially in critical sectors affected by migration.
- b) Provide the Ministries of Health and Education at the federal and state levels with the budgetary allocations for building and equipping more hospitals and tertiary institutions within the next two years. The building process should be supervised by the ministries.

Recommendation 4

The Federal, States Local Governments should provide critical infrastructure and training of manpower needed in hospitals and universities.

Implementation strategies

- a) Equip hospitals and universities with modern facilities, laboratories, and libraries for teaching and research.
- b) Staff of hospitals and universities should attend mandatory local and foreign trainings to improve/acquire the necessary skills, knowledge and expertise.

Recommendation 5

The Federal, States governments should increase the budgetary allocations to the Ministries of Health and Education to meet the WHO and UNESCO thresholds for the two sectors.

Implementation strategies

- a) Increase budgetary allocations of the health sector to 15% as agreed by African Union member states.
- b) Increase the budgetary allocation for education to between 15-20 percent as proposed by UNESCO. State governments should also increase their budgetary allocations to the health and educational sectors in their various states.
- c) EFCC and ICPC should monitor expenditures in the two sectors to ensure accountability of the monies and efficient delivery of goods and services.

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