An appraisal of Nigeria’s health sector and its healthcare delivery system

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Abstract
The healthcare system in Nigeria deserves urgent attention in view of its health indicators and statistics that are less than desirable. A worrisome statistic is the fact that although Nigeria accounts for 2 percent of the world’s total population, she accounts for some 10 percent of the world’s infant and maternal mortality. Consequently, the Federal Government has made deliberate attempts to rehabilitate the health sector through a series of reforms. This paper takes stock of the health sector with a view to identify its various challenges and proffer the way forward. A distinct feature of the country’s healthcare service and management is its decentralization at the three-tier levels and its attendant ambiguities. The series of reforms in the sector and the fledgling public-private partnership have helped to advance the course of the sector. There is need for the various stakeholders in the sector to strive and turn around the fortunes of the sector and reposition it. Special attention should be given to provision to the provision of healthcare services to rural areas after many years of neglect. Much more work still needs to be done if the country’s health sector is to be moved to an enviable position.

Key words: Healthcare, health reforms, health sector, Nigeria, public-private-partnership.

Introduction
A health system can be considered as an organizational framework for the distribution or servicing of the healthcare need of a given community. It is a fairly complex system of inter-related elements that contribute to the health of people. Deliberate efforts have been made by the Federal Government of Nigeria to initiate and sustain health sector reforms over the past many years. The reform of the sector is predicated upon the fact that it is characterised by poor quality and inefficiencies in the provision of public sector health services, resulting in poor health outcomes and poor basic health indicators. The essence of the systems’ reform is because the systems, prior to the time of reform, were not working properly or were not producing the optimal health status or deserved by the people.

The current state of the country’s healthcare system can be said to be quite worrisome, judging by the health indicators and statistics that are abysmal. In fact, Nigeria’s health indicators have stagnated or even deteriorated during the past decade. A distinct feature of the country’s healthcare service delivery and management is its decentralization at the three-tier levels involving the primary, secondary and tertiary institutions, managed by the local, state and national governments, respectively. Both the public and private sectors are participants in healthcare delivery. Health infrastructure, being a part of a larger health system, includes the health policy, budgetary allocation implementation and monitoring. The discussion of the healthcare infrastructure in sub-Saharan Africa and Nigeria in particular, has recognized the existence of different types and practices. The variety of healthcare types in Nigeria have been elaborated upon in recent times, which have been said to be a constant source of tension, conflict and mistrust among practitioners. Nonetheless, the country’s health sector is still plagued by various challenges and this demands a consideration of the way forward.

Historical Perspectives
At the time of the country’s independence in 1960, the health care system was largely engaged in curative care and healthcare was found to be almost exclusively in urban areas. The 1970’s and 1980’s brought about large changes in health care in Nigeria with a dramatic expansion of the public health system. The setting up of health management boards (HMBs) for both Federal Government and State Government controlled health institutions in 1970’s arose partly from the need to rescue healthcare delivery from the claws of civil service bureaucracy.

The National health Policy was developed in 1986, promulgated in 1988 but was later reviewed in 1990 and set up a health system, which defines much of what remained today. It recommended four main strategies for effective primary health care implementation. It was not until August 1987 that the Federal Government launched its Primary Healthcare Plan, which was announced as the cornerstone of health policy. In the early 1990’s, a community-level component was established as part of the health strategy, including training of primary healthcare workers. Subsequently, in 2004, the Revised National Health Policy was developed by the Federal Ministry of Health.

Features of the Nigerian Healthcare System
The influence of all tiers of government over health care provisioning at the moment is confined at the moment to the provision of publicly funded health services. Health service management is decentralized at the three-tier levels, having been structured along the primary, secondary and tertiary levels of care. (i) The poor institutional arrangements, defective functional relationships and management mechanisms constrained optional functioning and performance of the system. (ii) Incessant strikes and industrial actions by resident doctors and other categories of medical personnel employed in the public
health sector are a common feature. Poor conditions of service, particularly that of remuneration, are at the centre of such controversies. The Nigerian health sector is thrown into chaos when resident doctors embark on nationwide strikes 6.

(iii) A non-functional primary health care (PHC) system in the country which should cater for about 70 percent health needs of the entire population has put good health care delivery to the people in jeopardy.

(iv) Pattern of medical care delivery favours the urban population in particular at the expense of the rural dwellers 9, 10. This is a reflection of the present lopsided distribution of health facilities between urban and rural areas, thereby putting service equity in question.

(v) Health care delivery in the public sector is currently highly bureaucratized, undermining effective delivery of services, professional ethos, job performance, and morale 11. Excessive bureaucracy has crippled health services over the past many years7.

(vi) The organizational structure of the Nigerian healthcare system suffers from lack of specificity and ambiguities in the definition of roles and responsibilities of the three tiers of the system 2.

(vii) Absence of formal planning, clear objectives or a realistic appraisal of available resources in many aspects of healthcare delivery in the country 7.

(viii) Lukewarm attitude of Nigerians towards health research. Health research is not appreciated and is poorly funded, thus the culture of utilizing data generated to take informed action.

Challenges Facing the Health Sector
The challenges facing Nigeria’s health sector include poor institutional arrangements, defective functional relationships and management mechanisms. The poor performance of the national health system therefore partly reflects a lack of clarity or consensus about which level of government is responsible for what function.

Infant and maternal mortality: Nigeria has one of the highest rates of infant and maternal mortality in the developing world and this translates to 10 percent of women dying from complications of pregnancy and childbirth. There is no doubt that maternal health is a critical issue in Nigeria’s economic and social development. The intervention programmes in child survival in the country to a large extent have not made the expected impact.

Emigration of health professionals: Emigration of health professionals out of the shores of the country is a serious challenge and threat to the health sector. Mass exodus of health professionals to developed countries in search of the “greener pastures” has been going on for quite some time now. This is a form of brain drain. Every attempt to stem the tide has not yielded the desired results.

Inadequate health facilities: Health facilities are inadequate 12. This includes health centres, personnel and medical equipment. This inadequacy is worse in rural areas. The state of existing facilities is poor as a result of lack of maintenance.

Fake and adulterated drugs: Erratic supply and non-availability of essential drugs and materials is a common challenge. Manufacture and importation of fake or sub-standard drugs and false advertising have been a serious challenge and distraction in the health sector. The economic costs of these on the nation, and more seriously, the human cost are noteworthy. The menace of fake drugs is such that close to 20 percent of all drugs in circulation in the market is adulterated 6. A good proportion of the drugs dispensed are substandard, leading to high morbidity and mortality and low health outcomes, which bear a grave consequence on the efficiency and quality care.

The public-funded agency charged with the responsibility of checking against the importation, manufacture and marketing of sub-standard and fake drugs in Nigeria is the National Agency for Food and Drug Administration and Control (NAFDAC). The war against adulterated and fake drugs has been a relentless one. No doubt, remarkable success has been recorded in the quest to keep such drugs off the market. It is, however, pertinent to say that challenge is far from being over due to the resilience of the culprits. What is making the task difficult is the fact that these nefarious activities are the hand work of some cartels or syndicates, who will do anything to be a step ahead of NAFDAC and its operatives.

From time to time tons of counterfeit and sub-standard drugs are intercepted by NAFDAC and are destroyed. Unfortunately, the economic cost of fake drug business and the war against it is colossal. Apart from their posing serious hazards to human health, large sums of money deployed to research and development are lost just because counterfeiters distribute fake drugs that are worth far less than the genuine products. Such activities put enormous strain on the resources of other organizations involved in genuine businesses.

Developments in the Health Sector
It is heart-warming to note that certain positive developments have been recorded in the health sector. These have come about as a result of the various efforts made by the tiers of government. Concerted efforts have been made to initiate and sustain a number of health sector reforms in Nigeria over the past many years. Following these reforms are a series of reviews to determine whether or not the initiatives are having the desired effects.

The National Health Policy and Strategy is to achieve health for all Nigerians. It recommends for main strategies for effective primary healthcare implementation. The policy document is a result of several consultative processes, incorporating views from stakeholders and reflecting new realities and trends in the National Health situation including regional and global initiatives such as New Partnership for Africa’s Development (NEPAD) and the Millennium Development Goals (MDGs).

The National Health Insurance Scheme (NHIS) is a relatively recent development in the nation’s health sector, having been established by government about a decade ago. Its coverage is to provide for people gainful employment in the formal sector, either run by government or contracted out to private insurance bodies.

The Revised National Health Policy Developed by the Federal Ministry of Health clearly sets out the primary health issues for the nation in its overall objective. Global health initiatives such as the MDGs and PHC have been catalysts for great political
commitment to health of the citizens of the country.

Objectives and Aims of the Primary Health Care

Primary health care is the cornerstone for healthcare system and development in Nigeria. Hence, a working document has been developed for the revitalization of the implementation of primary health care as part of government stewardship role to reach the Millennium Development Goals. PHC, as defined in Alma Ata declaration of 1978, refers to essential health care based on practical and socially acceptable methods and technology made universally acceptable to individuals and families in the community through their full participation, and at a cost the community can afford.

The World Health Organization (WHO) defined primary healthcare as essential healthcare. PHC forms an integral part of the Nigerian social and economic development. Being the first level of contact of the individuals and community, in the national health system, healthcare is brought as close as possible to where they live and work and contributes to a continuing healthcare process.

The aims and objectives of the primary healthcare as specified by WHO in 1987 are as follows: i) to make health services accessible and available to all wherever they live and work; ii) to tackle those health problems causing the highest mortality and morbidity at a cost affordable to the community; iii) to ensure that whatever technology is used must be within the ability of the community to use effectively and maintain; iv) to ensure that in implementing health programmes, the community must be fully involved in planning, delivery and evaluation of the services in the spirit of self-reliance. The principle upon which the PHC is funded is that health is a fundamental human right to be enjoyed by the people, in all walks of life, in all communities.

Health care, based on primary healthcare include things such as: education concerning prevailing health problems and methods of preventing and controlling them; promotion of food supply and proper nutrition; maternal and child care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic and epidemic diseases and provision of essential drugs and supplies. Therefore, public healthcare is to provide general health services to population as entry point of the healthcare system. It implies that the provision of health care at this level is largely the responsibility of local governments.

Public-Private Partnership in the System

A public-private partnership is a collaborative relationship between the private and public sectors aimed at harnessing (and optimizing) all available resources, knowledge and facilities required to promote efficient, effective, affordable, accessible, equitable and sustainable healthcare for all people in Nigeria.

The private sector provides about 67.7 percent of healthcare delivery in Nigeria. Efforts are for increased public-private participation in healthcare delivery, but there is yet to be a framework for collaboration. The need for collaboration between public and private sectors was addressed by the Health Sector Reform document, and a framework is being developed to operationalize it. Several factors are interacting to necessitate urgent development of public-private policy. At a sectoral level, however, factors include on-going dynamic changes in the health system, deplorable national health profile and low life expectancy. The declining resource allocation and breakdown of equipment in public health services have worsened the situation.

The primary objectives of the National Public-Private Partnership Policy in healthcare are designed to be: i) build confidence and trust in the public and private sectors; ii) harness confidence and trust in the public and private sectors for the attainment of the MDGs and other national health policy targets and iii) promote and sustain equity, efficiency, accessibility and quality in health care provisioning through the collaborative relationship between the public and private sectors.

The National Health Policy

The National Health Policy, developed in 1986, was promulgated in 1988 and reviewed in 1996. It recommended four main strategies for effective primary health care implementation. The main policy thrust focuses on National Health System and its Management, Management Health Care Resources, National Health Interventions and Services delivery, National Health Information Systems, Partnership for Health Development, Health Research and Health Care Laws. The policy document is a result of several consultative processes, incorporating views from stakeholders and reflecting new realities and trends in the national health situation, including regional and global initiatives such as NEPAD and the MDGs.

The Revised National Health Policy, which was developed in 2004, clearly states the priority health issues for the nation in its overall objective. The overall objective is to strengthen the national health system such that it would be able to provide effective, efficient, quality, accessible and affordable health services that will improve the health status of Nigerians through the achievement of the health related MDGs. The health policy has a pivotal goal, which is, to bring about a comprehensive healthcare system based on primary healthcare that is promotive, preventive, protective, restorative and rehabilitative to every Nigerian within the available resources towards ensuring the productivity and social wellbeing of all. Hence, the overall goal of the policy is the attainment of enhanced standards of health by all Nigerians in order to promote a healthy and productive life. The guiding principles of the policy, among others, include emphasis on primary healthcare and introduction of basic health services scheme, mainstreaming of gender issues in planning and implementation and a special focus on health systems development. The country’s National Health Policy affirms the centrality of health to social and economic development.

Fundamental reforms of the health sector have been embarked upon with a view to attaining the MDGs and other national health policy targets. The hope is that these would result more effective, affordable and efficient health services, improved performance of the healthcare system and ultimately in the achievement of a better health status for the citizenry.

Reforms in the Healthcare Sector

Healthcare reform can be said to be the process of improving the performance of existing systems assuming efficient and equitable responses to future changes. It has also been described as sustainable, purposeful change aimed at improving the existing health sector. Health sector is a political process initiated by public or political action, motivated by dissatisfaction caused by
the failure to deliver expected outcomes and implemented at sector-wide level. The underlying motivation is to address the problem of poor quality of care, inequalities and limited access to health, inefficiencies in the delivery of services, level of accountability and inadequate responsiveness to client needs.

What has generally informed the need for reforms in the sector are a number of inadequacies in the healthcare delivery system and such weaknesses include the following: i) inadequate decentralization of administration; ii) poor documentation of expenditures, particularly at administrative levels below the national one; iii) curative services dominant, urban biased, and with a poor primary health care base; iv) scanty data on utilization and unit costs of available services; v) lack of formal planning process and vi) inadequate funding, over-dependence on a single source of funding and inefficient cost-recovery mechanism. All these have contributed to the present crisis in the health sector.

**The Way Forward**

In order to bring the health sector to the level it ought to be, attempts must be made to remove the various challenges it is faced with. The way forward demands a determination to take the sector to the next level at the three tiers of administration and management. Specific action points include the following:

i) Government stewardship in the health sector should extend well beyond publicly funded health services to include the substantial involvement of the private sector.

ii) There is need for clarity or consensus about which level of government is responsible for what function since the three tiers of government participate in the health sector resulting in serious overlaps.

iii) There should be a collaborative approach to service delivery and a system of ensuring the private sector is fully engaged in service provision.

iv) Greater attention should be given to health research. There should be better appreciation of health research and a culture of utilizing generated data to take informed actions, make good decisions or for sound policy formulation.

v) There should be increased public-private participation in healthcare delivery involving collaboration between public and private sectors.

vi) Special attention should be given to the provision of the healthcare service to rural areas, which have hitherto been neglected. The present lopsided distribution of health facilities in favour of the urban areas should be strictly avoided. That is, there should be equity in the distribution of healthcare facilities and infrastructure.

vii) Other non-orthodox forms of healthcare delivery should not be ignored but rather be promoted and enhanced to provide traditional healing.

viii) There ought to be greater investment in public health governance to improve service delivery.

ix) The present bureaucracy and a dearth of skilled management in healthcare delivery in the public sector should be removed so as not to undermine effective delivery of services, professional ethos, job performance and morale.

**Conclusions**

The Nigerian health sector has no doubt recorded some remarkable achievements in recent years. Recent developments point to the fact that the sector is on the right track while the series of reforms will move the sector to the next level. Some of the many challenges still facing can be traced to the decentralization of its administration and poor infrastructural arrangements. The primary healthcare delivery remains the bedrock of the sector and the series of healthcare reforms are expected to take the sector to the next level. The lopsided distribution of health facilities between urban and rural areas remains the bane of the health sector.

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