

An Overview of the Nigerian Health Care Delivery System: Prospects and Challenges

**Oguchi, Chinweuba
Benjamin**

*Department of Economics
Veritas University, Abuja*

Abstract

A healthy nation is a wealthy nation. This is the basis for the evolution of health economics as a later-day development in the general economics curriculum. This paper carried out an overview of the Nigerian health care delivery system. Specifically, the paper outlined the challenges and prospects of the Nigerian health care delivery system. Data was obtained from secondary sources such as books, journals, periodicals, newspapers, the internet etc. The theory of Health care Delivery by Wilber (2000) was adopted as the theoretical framework just as content analysis constituted the mode of analysis. The analyses revealed that Nigeria's healthcare delivery system depended largely on foreign donors who withdraw funding at the inception of any political upheaval. This led to a lot of challenges and vulnerability of the sector to external shocks/influences. Against this backdrop, the paper recommended that government must learn to take full responsibility for the health and longevity of its citizens and avoid mortgaging such sensitive welfare issues to foreign interests.

Keywords:

Health economics,
Mortgage, Prospects,
Vulnerability,
Challenges.

Corresponding Author:

Oguchi, Chinweuba Benjamin

Background to the Study

In principle, the national healthcare system is decentralized into a three tier structure with responsibilities at the federal, state and local government levels. At the moment, all three tiers are involved, to some extent in all the major health system functions such as stewardships, financing and service provision. Specifically, the federal Ministry of Health (FMOH) is responsible for policy and technical support to the overall health system, inter-national relations on health matters, the national health management information system and the provision of health services through the tertiary and teaching hospitals and national laboratories. The state ministries of health (SMOH) are responsible for secondary hospitals and for the regulation and technical support for primary healthcare service.

Primary healthcare is the responsibility of the local government where health services are organized through the ward. Each local government is subdivided into 7-15 wards. This tier of government provides an important link in the healthcare delivery system in the country. Nonetheless, such a link is stronger at the level of the community. Thus, the community is probably the most important link in the nation's healthcare services. This is made manifest in the 1988 National Health Policy which included the creation of primary healthcare (PHC) management and technical committees at local government level, ward development committees and community/village development committees at the ward and community levels. In most cases, these committees have been established without being very functional. A survey of 202 local governments spread across the six geopolitical zones in 2001 revealed that 89% had PHC management committees, of which only 27% were functional as they have been meeting at least once in a while. Similarly, 75% of the local governments had formed PHC technical committees and 44% had also met once in a while.

It needs be mentioned that, while the organization of the health sector appears properly coordinated, the actual working of the system is replete with duplication and confusion in terms of roles and responsibilities among the various tiers of government. In the context of the FMOH and SMOH, there is the proliferation of departments and agencies which often outlived the policies that set them up. This is so because as such policies change, it is common to witness the creation of new units without reflecting in the moribund departments/agencies that still exist. It is therefore, not surprising that there are operational challenges and conflicts in the inter-departmental/agency working relationships.

Statement of the Problem

Health services are provided through the various hospitals and clinics owned by federal, state and local governments. The local government is responsible for primary healthcare, which includes comprehensive health centers, primary healthcare centre, health clinics and health posts. A comprehensive health centre should have at least three doctors and offer both PHC services and a limited number of secondary clinical services. There should be at least one comprehensive health centre per local government area. Each ward should have at least one Basic Essential Obstetric and Neonatal Care Centre (BEONC) staffed by medical officers or NYSC doctors, 2 midwives, 2 community health officers (CHOs) with nursing/midwifery background; senior and junior community health extension workers, laboratory and

pharmacy technicians, offering basic preventive and curative services. This has not been the situation on ground which indicates that there are obvious challenges and prospects. There is also no gainsaying the fact that the system has recorded some successes over time. It therefore, behoves the curiosity of any researcher to identify these challenges, prospects, of the Nigerian Healthcare delivery system.

Objectives of the study

The broad objective of the study is to present and overview of the Nigerian Healthcare Delivery system. Specifically, the study seeks to:

1. Identify the challenges of the Nigerian Healthcare Delivery System.
2. Isolate the prospects of the Healthcare Delivery System in Nigeria.

Research Questions

The study will provide answers to the following questions:

1. What are the challenges of the Nigerian Healthcare Delivery System?
2. What are the prospects of the Healthcare Delivery System in Nigeria?

Literature Review

Concepts

Health System: A health system sometimes referred as healthcare system or healthcare system, is the organization of people, institutions, and resources that deliver healthcare services to populations in need. Healthcare is the maintenance or improvement of health via the prevention, diagnosis, and treatment of diseases, illnesses, injuries and other physical and mental impairments in human beings. Healthcare is delivered by health professionals (providers or practitioners) in allied health fields. Physicians and physical associates are a part of these health professionals. Dentists, midwives, nurses, medical, optometrists, audiologists, pharmacists, psychologists, and other health professionals are all part of healthcare. It includes work done in providing primary care, secondary care, and tertiary care as well as in public health. The US Department of Labor (2011), views modern healthcare delivery as "depending on groups of trained professionals and paraprofessionals coming together as interdisciplinary teams"

Thomas- Maclean (2014), observes that:

while definitions of the various types of healthcare vary depending on the different cultural, political, organizational and disciplinary perspectives, there appears to be some consciousness that primary care constitutes the first elements of a continuing healthcare process and may also include the provision of secondary and tertiary levels of care. Healthcare may be Defined as either public or private

Success/Failure

The manner in which success is defined shapes our working lives. It affects how organizations perform, who progresses within them, and how power is exercised. It is a brutal fact that fewer women than men are recognized as successful based on current standards and value judgments.

In the organizational context, 'success' viewed as, "hierarchical advancement is now assumed to be available to far fewer managers than it was in the past" (Arnold, 1997 a). Brousseau (1996), observes that, "most organizations are not at best struggling to develop ideas about what kinds of success they can offer their employees". It has been suggested (Powell and Mainiero, 1993) that, "subjective internal success may in fact be a more important determinant of perceived career success for many people, especially women, than objectives external success. For instance, "salary and rank have been shown to be correlated with career satisfaction for men (Russo, Kelly and Deacon, 1991), but not for women". Failure is generally conceived as the opposite of success.

Prospects/Challenges

According to Arrow(1951a) "economists focused on rational aspects of behavior taking rational behavior as the best approximation of descriptive behavior that was available". Such rational behavior was believed to enhance life opportunities. The implication therefore, is that rational behavior and decisions increase chances of success in all endeavors. Thus, the prospects theory is all about enhancement of chances which translate to prospects. Prospects therefore, are all about opportunities while challenges, the opposite of opportunities, refer to hindrances and problems. Conte, Moffat, and Hey (2008) provided a sophisticated application of the principles of the prosperity Model in the 'context of maximum likelihood estimation'.

The Literature

Eneji, Dickson and Bisong (2013), conducted an investigation on Healthcare expenditure, health status and national productivity in Nigeria. The study identified the major challenge facing policy makers as bothering on how to allocate limited resources across the range of preferences which contribute to poverty reduction and economic development, including capital expenditures on health, education, infrastructure and recurrent expenditures. The aim of the study was to establish the relationship between healthcare expenditure, the status and national productivity in Nigeria using primary data (questionnaires), responses were elicited. Public healthcare expenditure was considered as the explanatory variable for health status, productivity and poverty reduction. It found a weak causal relationship in the Nigerian scenario. The paper argued that if people are a country's major assets, then their health status defines the course of development, and their health characteristics determine the nature and direction of sustainable human development. The paper recommended a universal healthcare coverage; a system that everyone can access healthcare.

In a similar development, Lewis (2006), conducted a study on Governance and Corruption in Public Health Care Systems. The paper began with the question of the factors affecting healthcare delivery in the developing world. Anecdotal evidence of lives cut tragically short and the loss of productivity due to avoidable diseases was identified as an area of salient concern in global health and international development. The working paper examined factual evidence to describe the main challenges facing healthcare delivery in developing countries, including absenteeism, corruption, informal payments, and mismanagement. It was the conclusion of the paper that good governance is essential in ensuring effective

healthcare delivery, and that returns to investments in health are low where governance issues are not addressed.

Theoretical framework

The integral (System) Theory by Wilber (2000).

According to Wilber (2000), “everything is interconnected and integrated in a larger scheme of things”. Wilber also describes another element in systems which is reality. Reality has a dimension of time, occurs in a continuum and is a segment within a larger whole. Reality must always be taken into context, and exists as simultaneous whole/parts, also known as holons. Holons generally mean wholes that exist in other wholes or system within systems. For example, before “an atom is an atom, it is a holon; before an idea is an idea, it is a holon. All of them are wholes that exist in other wholes, and thus, they are all whole parts, or holons, first and foremost”. Wilber adds that, “ holons have the ability to self-preserve, self-adapt, self-transcend, and self-dissolve”. There is a hierarchy of holons, called holarchies. Cells are an example of holons within holarchies. Each cell, like a hepatic cell, contains a chromosome (DNA), nuclear membrane, mitochondria, and ribosome. Each part of a cell has its own function and is interdependent, but interacts with each other and belongs to a larger whole, a cell. As the hepatic cells are grouped together, they form a kidney. The kidney belongs to a larger network of systems that make up the human body. The human body is however, more than just a group of cells and organs. On a different level, the whole human body belongs to a family which belongs to a society, within an ecosystem, which is a part of earth, within the universe. When a group of people come together, belief systems, languages, and cultures develop. However, this network does not end here, it does not start with parts of the cells either. It starts with holons and ends with colons. This arrangement plays an important part in systems, as it provides the fundamental structures in a complex system. Larger holons cannot exist without the lower holons.

Application and Justification of Systems Theory to the Healthcare System

The Healthcare system is one with various levels of complexities. It involves decision makers, policy makers, and groups of people in institutions, organizations and agencies that shape the way in which healthcare is delivered to the society. The healthcare system also encompasses different levels of care, from providing services for the prevention of diseases, to providing palliative/end-of-life care. Healthcare is provided by multiple health professionals such as physicians, nurses, social workers, occupational therapists, pharmacists and many other types of professionals, that the 'patient' navigator role', has emerged. This new role, seen as highly innovative, and a necessary service to meet the needs of the patients during their illness trajectory, aims to better connect patients with their healthcare providers in a more timely manner. It also enables better coordination of care, as it improves communication between healthcare professionals. The healthcare system has become so complex, and healthcare professionals have become so specialized, that another health professional is needed to help patients, and healthcare providers to navigate the healthcare system.

Sources/Analyses of Data

Data obtained from secondary materials are analyzed by content analysis in the following sequence:

Research Question One (1): What are the challenges of the Nigerian Health Delivery system?

The major challenges faced by the Health sector in Nigeria range from inadequate facilities, inadequate training for doctors, insufficient funds, incessant strikes by doctors, the lack of electricity, use of fake and adulterated drugs, emigration of health professionals, to information asymmetry. Hence, a world health report which specifically focused on the overall performance of health systems around the world ranked Nigeria 177 out of a total of 191 countries on its degree of responsiveness to health needs. The world health statistics (2011) cited in Ogunlela, shows that Nigeria had only four doctors and 16 nurses per 10,000 people. The implication is that one doctor attends to 2,500 patients and one nurse to 155 patients. Worse still, the organizational structure of the Nigerian healthcare system suffers from a lack of specificity and ambiguities in defining the roles and responsibilities of the three tiers of the system.

The above facts have been corroborated by the evidence emanating from some empirical studies. For instance, Anyika (2014), in his study on the challenges of implementing sustainable healthcare delivery in Nigeria, revealed that, "Nigeria is faced with fundamental health care-related challenges coupled with recent security issues. The study is of the opinion that, "uncertainty prevails as health system dynamics unfolds. A similar empirical investigation by Eme (2014) on building a solid healthcare system in Nigeria: challenges and prospects, revealed that, "the provision of healthcare facilities appear to be at a low ebb as many Nigerians are vulnerably exposed to the danger of the death". All the above indicates a system that is not perfectly holistic in consonance with the integral (systems) theory by Wilber (2000) which constitutes the theoretical framework of this study.

Research Question Two (2): What are the prospects of the Nigerian Healthcare delivery System?

The healthcare delivery system in Nigeria is predicted on the understanding for the need for a holistic approach. This is evident in the hierarchical arrangement of the three tiers of government which attempts to assign specific roles for various tiers-Federal, State and Local. A breakdown for instance, in 2006 by the federal Ministry of Health which shows the specific Debt Relief Fund (DRF) is a clear manifestation of the prospects in the health delivery system in Nigeria.

Table 1: Health specific Debt Relief Fund (DRF) appropriations breakdown (2006)

Allocation (₦b)	Initiative	Activity	Executing MDA
5.5	Immunization Programme	Examples include: procurement of vaccines for routine immunization through UNICEF	NPI
8.45	7,850 Primary Healthcare	Examples include: construction and equipping of 200 new PHC centres and the rehab of 150 old PHC	NPHCDA
	0.645 Material & Child	Examples include: capacity building for doctors, nurses and procurement of drugs, equipments and suppliers for MNCH	CDPA FMOH
1.38	Roll Back Malaria	Examples include: Insectide treated bednets(TINS) and drugs	FMOH
0.51	Tuberculosis/leprosy control	Examples include: Anti-tuberculosis treatment using the directly observed treatment short course (DOTS) therapy	TB & Leprosy referred to Teaching Hospital, Zaria
4.75	HIV/AIDS	Examples include: Anti-retro viral (ARV) drugs, test kits, training workshop	FMOH
0.21	Tracking the implementation of MDG policies and plans	Examples include: procurement and distribution of software for tracking monitoring and evaluation of the implementation and health millennium development goals.	FMOH
0.21	M & E	Examples include: Monitoring & Evaluation	Presidency
21 billion			

Source: Federal Ministry of Health, Nigeria. Department of Planning, Research and Statistics

The Nigerian Healthcare delivery system faces a number of challenges. However, there are also some prospects as revealed in the empirical study conducted by Adeyemo (2005) that, “there exists some measure of interconnectedness between local government and the sustenance of primary healthcare in the country”. The study by Attah (2017) on Implementing the Electronic Health record in Nigerian secondary health facility: prospects and challenges found that, “willingness of the doctors to adopt the EHR system and good knowledge of computer use among doctors were prospects in the implementation of the overall health delivery system”. The study also identified some other prospects to include the benefits of improved access to and enhanced confidentiality and safety of patient data.

Findings

The analyses in this study revealed that the nations healthcare delivery system faces some major challenges which include:

Inadequate medical personnel: it is sad to observe a situation whereby the doctor- patient ratio is less than 3 to 250. The same analysis also shows that there are about five nurses to one hundred and fifty-five patients.

1. Insufficient funding: the health care delivery system is grossly underfunded.
2. Use of fake and adulterated drugs- the use of fake and adulterated drugs is common.
3. Strikes and sit-down industrial Actions: often times doctors, nurses, pharmacists and other health workers are on strike. This affects their performance in the system.
4. Emigration of health workers: it is disturbing to note the rate at which medical professions emigrate to other countries in search of better working conditions.
5. Epileptic power supply: electricity supply is nothing to write home about. Power outages are known to have led to the death of patients while undergoing surgical operations in health theatres
6. Inadequate facilities/equipment: the state of equipment and facilities has often been cited as the major reason why many affluent Nigerians seek medical attention abroad.

In spite of these challenges as listed above, the health delivery system is observed to have some prospects. Some of them include:

1. Holistic Approach by Government: it offers some ray of hope to observe the integral nature of the nation's healthcare delivery. Governments at various tiers are involved with specific roles in the system.
2. Initiative: Table I shows that the plan recognizes the need for various initiatives. Although the allocation to such programmes/initiative may be inadequate, it is heartwarming to note that the appreciation of need for such initiatives e.g. immunization, maternal and childcare, roll back malaria, etc.
3. Establishment/expansion of facilities for the training of health workers. It is heartwarming to observe the improvement in the number of Universities and Colleges as well as schools of nursing. Today, many universities run degree programs in nursing.

Conclusion

A healthy nation is a wealthy nation. Good public health does not come by chance. It is often the result of well articulated plans emanating from public institutions. This informs the effort of Government in articulating programmes to boost the health system. Such efforts are usually associated with challenges and prospects as is the case with the Nigerian healthcare system. It is heartwarming to reveal that while the challenges are obvious, there prospects are certain. Thus, shortage of medical professionals (doctors, nurses, pharmacists etc) are being addressed. However, the rate at which these challenges are being addressed is quite low and calls for more concerted efforts.

Recommendations

The following measures are suggested to improve the current Healthcare delivery system in the country.

1. A conducive working environment should be emplaced to stem the tide of emigration on the part of health professionals. Better salaries, allowances, decent accommodation, etc should be introduced to beef up the welfare package for such professionals.

2. Efforts should also be made by government to further enhance adequate training for nurses and doctors.
3. The National Drug law enforcement agency must learn to do more to address the issue of the use of adulterated and fake drugs.
4. Facilities and other equipments should be provided particularly at the local government and community levels to enhance the door step delivery of health services. This will make the primary healthcare delivery services more effective.
5. There should be a greater public enlightenment on the need to consult well trained medical practitioners rather than quacks and roadside drug peddlers.
6. The roles of each tier of government in the healthcare delivery system should be spelt out more clearly to eradicate the present confusion arising from duplication of such functions.
7. Reforms in the health sector should be a more regular phenomenon that is presently the situation.

References

- Adeyemo, D.O. (2005). Local Government and Healthcare Delivery in Nigeria: A Case Study. *Journal of Human Ecology*, 18 (2), 149-160.
- Anyika, E. N. (2014). Challenges of implementing sustainable healthcare delivery in Nigeria under environmental uncertainty. *Journal of Hospital Administration*, 3 (6)
- Arnold, J. (1997). *Management Careers into the 21st century*. London: Paul Chapman
- Arrow, K. J. (1951). Alternative approaches to the theory of Choice in Risk-taking situation, *Econometrica*, 19, 404-437
- Brousseau, K., Driver, K. & Larsson, R. (1996). Career pandemonium: realigning organizations and individuals. *Academy of Management Executive*, 10 (4), 52-66
- Conte, A., Hey, D. J. & Moffat, G. P. (2008). Mixture models of Choice under risk", *Journal of Econometrics*, forthcoming
- Eme, O. I. (2014.). Building a solid healthcare system in Nigeria: Challenges and Prospects. *Academic Journal of interdisciplinary studies*, 3 (6)
- Eneji, M. A., Dickson, V. J. & Bisong, J. O. (2013). Healthcare expenditure, health status and national productivity in Nigeria. *Journal of Economics and International Finance*, 5 (7), 258-272.
- Lewis, M. (2006). Governance and Corruption in public Healthcare Systems, Centre for Global Development. *Working Paper Number 78*

- Ogunela, Y.I (2011). An appraisal of Nigeria's health sector and its healthcare delivery system. *Journal of Food, Agriculture & Environment*, 9
- Powell, G. N. & Mainiero, D. (1993). Getting ahead-in carrerlife. In Powell, G (ed.), *Women and men in management*, 2nd edn. Sage: Newbury Park.
- Russo, N., Kelly, R. M. & Deacon, M. (1991). Gender and success-related attribution: beyond individualistic conceptions of achievements', *Sex Roles*, 25 (5-6), 331-350
- Thomas-Maclean, R (2014). *No Cookie-Cutler Response: Conceptualizing Primary Healthcare*. Retrieved 26 August 2014
- United State Department of Labour (2011). Employment and Training Administration: Healthcare.
- Wilber, K. (2000). *Sex, ecology, spirituality*. Boston, M.A: Shambhala Publications.