HEALTH REFORM FOUNDATION OF NIGERIA

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HEALTH POLICY BRIEF FOR THE 2011 NIGERIAN ELECTIONS

Fundamental Questions

1. Can Nigeria attain its Vision 20-20-20 without a healthy population?
2. Why is the health of Nigeria's population comparatively lower than that of similarly endowed developing countries?
3. Why are the poorest Nigerians the most deprived of access to basic health services?
4. Why should we continue to lose daily, lives of Nigerian newborns, babies, children and mothers through largely preventable causes?
5. Why should Nigeria be among the leading purchasers of medical tourism and exporter of health human resources?

Current situation

Modest recent progress has been made in improving health care in Nigeria and achieving the health related Millennium Development Goals (MDGs). Key areas of progress include

- Improvement in immunization coverage and drop in wild polio virus cases
- Health insurance coverage for the formal sector
- Provision of midwives to primary health centers through the midwifery services scheme
- Access to free health for pregnant women and children under 5 years in some states through either state supported programmes or the MDG programme provided through the NHIS,
- Drop in HIV prevalence,
- Development of a comprehensive health sector development plan accepted by all key stakeholders for the first time in the nation's history – the National Health Sector Strategic Development Plan (NHSDP).

But there is a lot that needs to be done as evidenced by the country's persisting poor health status indicators.

- Life expectancy at birth averaged 47years, 6 years lower than the 53 years average for the least developed countries (LDC)
- Maternal mortality ratio is high.
- It is estimated that 1 out of every 7 to 8 children dies before her/his first birthday and 1 out of 6 before her/his 5th birthday.
- There are an estimated 3.5 million people living with HIV, one of the highest numbers of infected people in the world. Nigeria also has the fourth highest TB burden in the world according to experts.
- There exist large inequalities in access to and utilization of basic health services. While educated, urban and wealthier households access treatment for their children, attend antenatal care and have supervised deliveries, the majority of poor, rural Nigerians do not have easy access to the same services.

The persistent relatively poor health indices raise concerns about Nigeria's ability to achieve the millennium development goals (MDGS) by 2015. They also have serious economic, political and security consequences for the country. Our nation's human capital is intricately linked to the health of its population, who constitute the workforce and consumers to drive the economy.

Root Causes

a. Weak policy and governance structures

In our fiscally decentralized Federal system of governance, health is one area that all three levels of government have responsibility. The 1999 Constitution does not explicitly mention health. National health policy laid responsibility of providing basic health services (primary health care) on the Local Governments with support from the States. The weakest link in the federal governance chain was assigned responsibility for the most important aspect of the health service provision, primary health care through local governments. Inadequate regulation of the private health sector, including the traditional medical practitioners, which provide substantial services to the population, missed opportunities for enhancing quality of care and mobilizing human and financial resources within that sector to increase access.

b. Inadequate, inefficient financing of health care

The Federal, State and Local governments in Nigeria are not allocating or spending enough to address adequately the health needs of the population. In 2001 all the African Heads of Government pledged in Abuja to allocate at least 15% of their total national budget to health. This commitment is worldwide known as the "Abuja Declaration". By 2010, Nigeria had not met this target and all the 6

African countries (Liberia, Malawi and Burkina Faso, Djibouti, Botswana and Rwanda) that have so far met the target are poorer than Nigeria!

The World Health Organization has recommended that, for countries to move towards universal access to health services for their citizens, they must reduce the proportion of people who pay for health services at the point they need them (out of pocket expenditure for health). Out of pocket expenditure for health pushes millions of people into poverty every year. Unfortunately in Nigeria, out of pocket payments are still the most common form of paying for health services (69%) and as a result, those who cannot afford to pay when they are ill are denied services. Insurance coverage in Nigeria is still less than 10%.

c. Low quality of health services reducing utilization

The federal ministry of health (FMOH) estimated in 2005 that 85.5% of all health facilities in Nigeria are primary health facilities. These are the facilities that are closest to the people and by policy, should be able to provide effective and cheap interventions such as immunization, treatment of diarrhea, antenatal care, deliveries, and management of malaria, TB and HIV/AIDS prevention and others, for improving the health of women, children and the general population. Unfortunately the PHC system has been over the years, grossly underfunded especially by States and Local governments, leading to decayed infrastructure particularly in rural areas, lack of essential drugs and other commodities and poor staffing practices. These have resulted in lack of access to quality basic packages for a significant proportion of the population especially the poor and rural dwellers.

d. Human resource (HR) for health challenges

Mal-distribution, poor mix of the different cadres and lack of performance management lead to inefficiencies in the use of existing staff at hospitals and facilities. Industrial harmony is yet to be the norm in the medical and health professions in Nigeria. Information from Nigeria's human resource for health strategic plan of 2008 shows that 88% of the doctors practicing in the country work in hospitals, most of them (74%) in private hospitals, with only about 12% in private or public sector PHC facilities. Migration outside and within the country, poor motivation and differentials in conditions of service contribute to the shortages.

e. Provider focused rather than client focused health system

The Nigerian health system is focused more on the health providers than the people. The discussion is usually about the availability of health facilities, equipment, drugs and health care workers, with little attention to responsiveness of the system to the needs and/or expectations of the consumers. There are no systematic processes for assessing the people's needs and satisfaction with services, ensuring patient's rights and responsibilities and addressing complaints. The lack of emphasis on the people reflects in the poor attention given to health promotion and prevention interventions which could have reduced the number of people needing expensive hospital based care.

Strategic Options

1. Bold National health policy that guarantees universal access to basic health services for ALL Nigerians through a functional primary health care system. The new policy should be backed with requisite investments to overhaul the service delivery infrastructure, human resource quality, regulatory instruments, drugs, and supply and commodity distribution systems to deliver quality services, focusing on the most vulnerable populations first. Additional resources for health can be mobilized through taxation (Tobacco, Alcohol, GSM, and Oil and Gas etc) as well promote risk pooling through insurance.

2. Domesticating the health agenda for us to deliver in a truly Nigerian way, with voice and accountability to the citizenry. Making traditional and faith institutions, communities and grassroots central in our health efforts will ensure our people in the decertified savannah lands of Sokoto, remote fishing villages around Lake Chad or the creeks and fishing villages in the Niger Delta, are listened to and respected, and have access to the most essential life-protecting medical services.

3. Reorient the health system towards prevention alongside the curative aspects. It costs much less to prevent malaria, HIV, measles, hypertensive and diabetic complications than to treat them. Mass health and wellness promotion campaigns in all nooks and corners of this country for people to take personal responsibility and steps for preventing diseases through environmental sanitation, clean water, personal hygiene, immunization and healthy lifestyles.

4. Benchmarking government spending at all levels to reach the Abuja Declaration targets, while strictly and rigorously enforcing highest standards of prudence, efficiency and transparency in public spending for health. This will require mind shift from current largely input oriented public expenditure practices to more outcome and results oriented system. Heads of Ministries, Departments and Agencies at Federal, State and Local governments must be called to account on their results score cards every year to be made publicly available.

5. Determined focus to improve quality of health care provided by both public and private sectors. Federal Ministry of Health to reposition itself as chief health policy maker and regulator of quality of care and information arbiter.

Conclusion

Health is a key driver of development, economic growth and security. Political parties and their candidates have so far in their manifestoes and debates, not given health the attention it deserves. Parties and their candidates should formulate and showcase their strategies for addressing the priority health sector problems and achieving universal access to quality health services.