HEALTH SECTOR REFORMS AND HEALTH OUTCOMES IN NIGERIA

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Abstract

Health sector reform in Nigeria was built on the framework of National Economic Empowerment and Development strategy and Millennium Development Goals. It was motivated by the need to enhance human capital through improvement in health. The itching to achieve the MDGs goals and enlist itself among the 20 most industrialized countries of the world come the year 2020 motivated the reform. In this study, we examined the impact of the series of Health Sector Reform on Nigeria's Health outcomes. The study simply reviewed the elements in the health sector reform and the proceed to examine health indicators and disease profile for Nigeria using data obtained from World Development Indicators CD-ROM, 2014. Available data revealed that Nigerian Health sector is dismal with most of the health indicators being worst for Nigeria and the country bearing a disproportionate burden of diseases. The study found out that Health Sector Reform has not translated into health benefits as post-Reform Health indicators showed. It is cleared that the Reform was implemented within a weak health system and that policy inconsistency and lackadaisical attitudes are among the factors that have hindered effective implementation of Health reforms. It is pertinent that if Nigerian government must translate reforms into health benefits, the efforts must be made to broaden the scope of Health Insurance Scheme and strengthen the Primary Health Care system.

Key words: Health sector Reforms, Health outcomes, Disease Burden, Nigeria

1.0 Introduction

The role of health to national development and progress is well established in literature. The quality of the workforce determines the national output growth. In the words of Galbraith (1967), no nation can rise above the quality of its work force. Though, earlier human capital theorist spotted education as the only critical component of human capital. The life cycle model of the human capital theory proposed that knowledge will expand productivity, enhanced productivity will increase income, higher income will motivate expenditure and improve health outcomes, and in the feedback effect, improved health will enhance knowledge acquisition and the cycle will continue ad infinitum.

Before the inception of democracy on May 29, 1999, Nigeria recorded demeaning and stigmatizing health outcomes. The country was rated low using several health indicators. The World Health Organization report in 2000 showed that in assessing health status of 191 countries using several indicators Nigeria was ranked 187. This became more embarrassing when

neighboring African countries with low per capita income were rated ahead of Nigeria. To lend credence to this, lets quickly review some of the health indicators before the health sector reform. Life expectancy rate then was low at 46 years. For Ghana in that same year it was 56 years. Maternal Mortality Rate stood at 1,100 per 100,000 live births. This was astronomically high when compared with global average of 400 per 100,000 live births. For Ghana and Guinea it was respectively 560 and 910 per 100,000.The HIV prevalent rate among adults aged 15 and above stood at 2,886 per 100,000 people. In Ghana and Cameroun, it was respectively 1,722 and 4580 per 100000 each.Under-5 mortality and infant mortality rates were respectively 201 and 100 per 1000 live births (Mohammed and Rolle, 2015)

The Obasanjo-led administration with poverty reduction as one of the key objectives of its National Economic Empowerment and Development Strategy (NEEDS) quickly saw the link between poverty and health. The administration was conscious of the fact that poverty reduction efforts must integrate health sector as an input (Adesegun, 2010).The health of an individual determines his/her productivity and in turn national wealth. Health sector reform is a process motivated by the need to address fundamental deficiencies in the Nigerian health sector. This study therefore examines the effects of health sector reforms on Nigerian health outcomes using health indicators obtained from World Bank Development Indicators.

2.0 Health Sector Reforms in Nigeria.

Before the health sector reform undertaken by the Obasanjo-led administration, past administrations made several efforts to reform the health sector. The attempts did not come to fruition, not being backed up with blue prints of action to achieve goals. The health sector reform under Obasanjo-led administration was an integral component of the home-grown NEEDS. NEEDS has four objectives of poverty reduction, employment generation, wealth creation and value re-orientation. While reform means positive change, health sector reform has been defined by Adesegun (2010) as a sustained process of fundamental change in policy and institutional arrangements, guided by governments, designed to improve the functioning and performance of the health sector and ultimately the health status of the population. Health sector reform process was motivated by the need to address fundamental deficiencies in the Nigerian health sector. A critical objective of the reform was empowerment of the work force as a way of reducing poverty.

The health sector reform was designed to achieve three key objectives of reducing cost and burden associated with various ailments, improving the health of Nigerians and meeting the expectation of Nigerians. The reform undertaken in the year 2004 was a nation- wide health sector reform that employed consultative and participatory approach. The reform was preceded by consultation and consensus building. To achieve the stated objectives the health sector reforms utilized some strategic thrust, which includes: improved the performance of the stewardship role of the government, increasing national health resources and their management, improve access(including physical and financing) to quality health service, reduce the disease burden attributed to priority health problems, promote effective public-private partnership in health and increase consumers awareness of their rights and health obligation.

In order to perpetuate and sustain the benefits inherent in the first health sector reforms (2004-2007), the Yar 'Adua's administration on December 16th, 2010 in Abuja launched the National Strategic Health Development plan (NSHDP, 2010-2015). An important component of

NSHDP was the compact signed between the federal government and governments of sub-national units on the one hand, and with several agencies (World Bank, United Nation Development programme, United Nation Intervention Children Education Fund etc.) on the other hand, the NSHDP can be described as a successor of the health reform (2004-2007). The NSHDP was designed to align with the health sectors component of the Nigeria vision 20:2020.The document articulates eight priority areas with performance indicators against which actual performance can be assessed. The priority areas are: leadership and governance for help, health services delivery, human resources for health, financing for health, national health information system, community participation and ownership, partnership for health and research for health (NHB, 2008).

The benefits of the health sector reform from 2004 have manifested in three major areas. They are: change in health program, changes in health systems performance and changes in utilization of services.

Let's take synopsis of them in turn:

(i). Changes in health program and services: These changes have manifested in the following areas; improving health care financing, improve human resource management, improved health care delivery, improved procurement and supply, improved access to health information and communication (NHB, 2008)

(ii) Changes in health system performance: The change in this area is improved access, equity, efficiency, performance and sustainability of the health system. (NHB, 2008)

(iii) Changes in utilization of services: The changes here manifest in the following areas: improved health seeking behavior, improved knowledge attitude and practices, improved health promotion activities and improved access to information (NHB, 2008).

Report has shown that the above–three mentioned changes in Nigeria health sector have translated into positive health outcomes by reducing maternal mortality rate, infant mortality rate, under-5 mortality rate and result in improvement of the life expectancy at birth. Notwithstanding the current health status quo leaves much to be desired as the health outcomes for Nigeria is dismal when place in context of other countries. In addition, the health sector reform has not translated into poverty reduction. All evidence points to burgeoning level of poverty in Nigeria as current statistics put the poverty rate above 70%.

3.0 Elements of Health Sector Reforms in Nigeria.

Nigeria health sector reform program is the government response to dealing with the outline organization, systemic and financial challenges facing the national health system. The health sector reform was built on seven strategic thrusts:

- improving the stewardship role of the government
- Strengthening the nation health system and improving its management
- Efforts at reducing disease burden
- Boosting the availability of health resources and their management
- Improving access to quality health services
- Improving consumers awareness and community involvement

- Promoting effective partnership, collaboration and coordination (NHB,2008)

3.1 Re-organizing Professional Medical Bodies

Many of the professional regulatory bodies have been reconstituted. For example, the reform revamped the Medical and Dental Council Malpractice Tribunal. These professional bodies were mandated to ensure that high standards are maintained in the health profession (Federal Ministry of Health, 2005).

3.2 Health Management Information

The National health management information, which was established in 1990s, has been significantly revised to ensure that standard forms are available for both public and private health care information. Information thus generated by the health system is designed to flow upwards from the community (collected by Junior Community Health Extension Workers) through the local government and the state ministries of health to the federal ministry of health (Federal Ministry of Health, 2005).

3.3 The National Health Bill

A National Health Bill has been drafted and it is in the process of being passed. When the bill is passed, it will provide a frame work for the development and management of Nigerian health system. It is the first attempt at providing legislative clarification and funding sources to support the primary health care in Nigeria. The national health bill makes provision for a basic health care provision fund (Uzochukwu, Ughasoro, Etiaba, Okwuosa, Envuladu & Onwujekwe, 2015).The bill will significantly increase government funding of the Primary Health Care.

Furthermore, the bill provides minimum standards for health service delivery across the country. The bill in addition to defining clear roles and responsibility for the three tiers of government provides for the creation of primary health care development fund. The bill makes explicit pronouncement on how the funds are to be utilized. It is aimed at protecting and prioritizing the rights of Nigerians to get basic minimum package of healthcare. The national health bill pledges a budget of 60 billion naira ($380 million using the exchange rate then) for primary health care annually and promises to ensure the provision of free medical care for most vulnerable. The bill guarantees minimum basic health care services for select groups-such as children below 5 years, pregnant women, adults above 65 years and people with disabilities (Eneji, Juliana and Onabe, 2013).

The bill will help extend primary health care to 60% of Nigerians living in hard–to–reach rural communities. The bill also plans to remove barriers to access emergence health care as it instructs medics to treat any emergency first before asking for money or police report. Included also in the reforms are: recruitment, training, and professional development of health sector workers.

3.4 National Primary Health Development Fund

The primary health care is the bedrock of the Nigerian health system. However, it has been in shambles for years, with its dismal state producing negative outcome on the entire health care system (Olakunle, 2012). The poor state of the primary health care system has been

attributed to poor funding (WHO, 2014).The National Health Bill established the National Primary Health Development Fund (NPHDF) to solve the problems of poor funding of the primary health system.

The National Health bill proposes a direct funding line for primary health care. The fund will be channeled from the NPHDF through state primary health care boards for distribution to local governments' health authorities on the basis of annual budget and performance report. This is designed to liberate health service delivery from the politics of the tiers of government and the perennial problem of underfunding.

The National primary health care development fund is financed from consolidated fund of the federation, grants from international donor partners and funds from other sources. The fund is required to allocate 50% of its resources for the provision of minimum package of health to all citizens in the primary health care facilities through the national health insurance scheme. The National Health Bill also stipulated the formula for utilizing the fund: 25% of the fund should be used to procure essential drugs for primary health care, 15% should be used for the provision and maintenance of facilities, equipment and transport for primary health care and finally 10% should be used for human resource development for primary health care (National Health Bill, 2008).

4.0 Health Outcomes and Disease Burden in Nigeria

The place of health in both individual's welfare and national development is well documented in literatures. An individual is said to be healthy if he is not sick. However, healthiness transcends the mere absence of illness, but it is a state of being whole psychologically, mentally and physically. World Health Organisation (1991) defines health as a complete state mental, psychological, physical and mental wholeness. Health constitutes an important component of human capital. Education, skills and health are forms of human capital (Steckel, 2002). The health status of an individual determines his labor productivity. Thus, Anyanwu (1997) defined health as the ability to live an economically and socially productive life.

Nigeria's health status has been in a deplorable state. Several international ratings have confirmed this claim. In the year 2000, out of 191 countries assessed for health status, Nigeria was ranked 187. In another rating in the year 2011 where 115 countries were assessed Nigeria was ranked 74. All Nigerian's health indicators are in a poor shape. Nigeria's life expectancy rate has only improved marginally since the 1980s. Currently, the life expectancy rate is 52 years. The country still has one of the highest maternal mortality rates in the world. The maternal mortality rate reduced from 1,100 mothers dying per 100,000 live births (Federal Ministry of Health, 2005) to 840 per 100,000 live births in year 2008 and further declined to 630 per 100,000 live births in the year 2010. Umoru and Yagub (2013) put the current maternal mortality rate at one mother's death per 100 deliveries. They lamented that this is one of the highest in the world. Furthermore, infant mortality, under-five mortality rate and neo-natal fatality rate are abysmally high in Nigeria. Currently, the infant mortality rate is 74 per 1,000 live births, which according to Umoru and Yagub (2013) is one of the highest in the world (Bakare and Olubokun, 2011).

Table 1: Selected Human Development Indicators (HDI) of Nigeria versus other countries of the world

HDI Ranking	Country	Life expectancy at birth (years) 2014	Under five mortality rate (per 1,000 births) 2015	Gross enrolment ratio tertiary both sexes (%) 2014	Population below poverty line	Improved sanitation (% of population with access to sanitation)
16	Iceland	82.1	2.0	NA	NA	98.8
1	Norway	81.8	2.6	76.8	NA	98.1
2	Australia	82.3	3.7	NA	NA	100
8	United states	81.1	7	86.7	15.1*	100
90	China	75.8	10.7	39.4	6.1***	75.4
110	Indonesia	68.9	27.2	31.1	11.3****	60.6
152	Nigeria	52.8	108.8	NA	70*	29.3
151	Tanzania	64	48.7	50.4	67.9**	15

Source: Adapted from World Development Indicators for 2014
Note: NA = Not Available
*,**,*** and **** respectively indicate poverty estimates for 2010,2011,2013 and 2014.

Nigeria's deplorable health outcome becomes well established when the country's health status is compared with that of other countries. In Table 1, we presented the health outcomes of Nigeria with some selected countries. Life expectancy rate which is one of the most reliable indicators for measuring health for Nigeria is put at 52.8 years which is the lowest among the countries assessed. Life expectancy rate for even Tanzania is above that of Nigeria. Under-five mortality rate for Nigeria is puts at 108.8 per 1,000 live births is far above that of other countries assessed. The country that is next to Nigeria is Tanzania with under-five mortality rate of 48.7 per 1,000 live births. Using the one dollar per day measurement of poverty, 70 % of the Nigerian population lives below the poverty line. Thus, there appears to be a strong link between poverty and socio-economic outcomes in Nigeria.

Table 2: Death Case and Fatality of Notifiable Diseases, Nigeria (2000 – 2009)

Disease	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Cholera										
Deaths	61	7869	663	266	471	140	4546	851	277	2085
Cases	4101	62418	8687	4160	3173	3364	59136	13411	9254	26358
Diphtheria										
Deaths	2	64	3	0	0	5	55	166	3	15
Cases	1768	2849	2351	2042	1363	1556	2768	3285	6071	3769
G. Worm										
Deaths	7	23	0	0	0	0	0	0	1	38
Cases	9050	5479	6749	5356	3388	1848	14388	10426	13419	9603
Hepatitis										
Deaths	69	60	48	53	33	54	38	39	42	20
Cases	5495	8879	8291	6312	4283	3599	5436	2664	8158	3264
Leprosy										
Deaths	7	17	35	0	0	1	0	0	0	0
Cases	20557	13641	14875	14706	10422	8105	7687	8524	10177	3704
Malaria										
Deaths	2,254	1947	1068	719	1686	3268	4773	4603	6197	1819
Cases	1115682	909656	12193481	981943	1175004	1133926	1149435	118542	2122663	732170
Measles										
Deaths	1399	388	1032	373	696	671	2031	1147	1804	2751
Cases	115682	44026	85965	54734	108372	49880	102166	73735	164969	132856
Pertussis										
Deaths	164	66	1	61	65	51	186	222	216	121
Cases	42929	18685	22147	23800	34792	13639	26745	33729	49550	22162
Tuberculosis										
Deaths	213	487	230	192	379	407	380	331	454	152
Cases	20122	19626	14,802	11,601	15202	10040	121025	11388	19368	9329

Source: Adapted from Umoru and Yagub (2013)

Nigeria is heavily burdened by diseases. The disease burden simply explained a large percentage of avoidable mortality of the poor. In a study of disease burden, Ogunseitan (2001) found out that infections and childhood diseases account for the largest share of disease burden in Nigeria during 1990-2000. Using a 10% case-conversion, Umoru and Yagub (2013) showed that HIV/AIDS accounts for 22% of the total disease burden, while vector-borne diseases only

account for 6%, environmental sensitive diseases like Malaria and Diarrhea account for 6% of the total disease burden in the local area, while accounting for 9% in Sub-Saharan Africa.

The World Health Organization has made a list of five major causes of death in Nigeria. The diseases mentioned are Malaria, HIV/AIDS, Influenza and Pneumonia, Diarrhea and Tuberculosis. In Nigeria, the burden of disease is dominated by Malaria, Yellow Fever, Tuberculosis and other environmental factors. Table 2 shows the death cases and fatality ratio of some diseases in Nigeria. It is seen that among the diseases, that Malaria constitute the largest disease burden judging by its fatality rate. The prevalence of Malaria is due to dirty and polluted environment. The polluted water has made Nigerians vulnerable to airborne diseases such as Malaria, Diarrhea, Cholera, Water Blindness etc. In the same Table 2, it is seen that Cholera is another dreadful disease accounting for high death rate in Nigeria.

The World Health Organization reported in 2010 that sub-Sahara Africa (SSA) remains the continent with the highest number of HIV/AIDS incidence. UNAIDS (2007) remark that over 68% of adults and nearly 90% of children infested with HIV live in SSA, and more than 75% of HIV death is in SSA. For Nigeria, she has been alleged to have the second highest number of people living with HIV/AIDS in the world and bears over 9% of global HIV burden. The HIV prevalent rate is still astronomically high at 3.6% with over 3.5 million Nigerians currently living with the virus (National Agency for Control of HIV/AIDs, 2010).

5.0 Conclusion and Recommendations

Nigeria government has made several efforts to resolve the challenges in the health sector. To this end, the government has embarked on series of health sector reforms. The national Health Bill which though has been passively passed into law is meant to provide the framework for the health sector. One problem with the primary health care system is the duplication and overlapping of responsibilities as almost the three tiers of government are involved in the primary health functions. Olaniyan and Lawanson (2010) remarked that it could hinder the achievements of health goals that require the functioning of the primary health care system. As part of the response, the National Health Bills set the framework for clarity among the three tiers of government. One of the core objectives of the Bill is to reposition the Primary Health system, which is accepted as the bedrock of the National Health system. Assessment of health status in Nigeria in previous section points to the fact that health sector reforms have not produced the desirable outcome. A major obstacle has been in the poor implementation of the reform goals. Poor implementation of the reform accounts for the reason why Nigeria health status has not recorded any significant improvement. In 2015, Nigeria could not achieve any of the health related Millennium Development Goals. It is therefore right to conclude that Nigerian Health reforms have not yielded the desired outcomes.

Against this backdrop, we proffer the following under listed recommendations:

- ✓ The National health Bill should be passed into law and all the clauses should be fully implemented.
- ✓ There is need for urgent review of the revenue sharing formula to favor local governments, since their obligation has expanded by transferring both primary health functions and primary educational system to them. The idea of allocating over 50% of federal generated revenue to the federal government is not effective and cannot achieve an outcome oriented fiscal decentralization.

- ✓ Local governments should endeavor to boost their internal generated revenue capacity by looking inward. The idea of inextricably tying their financial fate to the federation account is disempowering.
- ✓ Effort should be made to achieve universal coverage. This can only be achieved by changing the pattern of health care financing in Nigeria. The situation where out of pocket constitute the main source of financing health should change. The government must create an arrangement where every Nigeria must be under insurance coverage.

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