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Healthcare transformation: Issues, challenges and the way forward

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Abstract

It is obvious that for the society to experience effective development of the economic, social and political infrastructures there must be quality healthcare service to her entire system. This article is written to reaffirm to the Nigerian community on the issues, challenges and to proffer the possible way forward on the healthcare insecurity in the country. Both the private and public sector provides the orthodox healthcare system, thus this paper recommends a pluralistic healthcare system where the collaboration between the orthodox and traditional healthcare system.

Keywords: healthcare, challenges, issues

Introduction

No country can maintain a steady economic growth in the absence of an adequate health care system fastened on a robust health care infrastructure. Quality healthcare is one of the most important factors in how individuals perceive their quality of life. In most countries, alongside the economy, it is the major political issue. In some countries, the healthcare delivery organization is a part of the national identity.

Healthcare issue is an enigma in Nigeria and its citizens are suffering the consequences. Health care in Nigeria is influenced by different local and regional factors that impact the quality or quantity present in one location. Due to the aforementioned, the health care system in Nigeria has shown spatial variation in terms of availability and quality of facilities in relation to need. However, this is largely as a result of a number of issues including the level of state and local government involvement and investment in health care programs and education.

According to the 2009 communique of the Nigerian national health conference, health care system remains weak as evidenced by lack of coordination, fragmentation of services, dearth of resources, including drug and supplies, inadequate and decaying infrastructure, inequity in resource distribution, and access to care and very deplorable quality of care¹. The communique further outlined the lack of clarity of roles and responsibilities among the different levels of government to have compounded the situation. Of course, there is a long list of barriers which lie on the pattern of leadership, infrastructures, man power challenges, clinical training, standardized diagnostic instruments, etc. According to Health Reform Foundation of Nigeria (2010), the reforms and changes made to retain health security seem not to have made positive effect on the health care system². Considering the threats of health insecurity, there is therefore immense need to revitalize the Nigerian health care system and provide specific project design to enhance cooperation and efficiency.

Issues

Nigeria operates a pluralistic health care delivery system with the orthodox and traditional healthcare delivery systems operating alongside each other. Both the private and public sectors provide orthodox health care services in the country, albeit with hardly any collaboration. Alongside the lack of collaboration between the orthodox and traditional healthcare systems, there is less collaboration within the healthcare system. Every specialized sector of the healthcare system be they consultants, surgeons, laboratory technicians or nurses, work in tandem. The coalitions of all these sectors make up the healthcare system as a team. The Nigerian healthcare system is characterized with power hustle among the member players of the system². These and more contribute to

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the poor performance of the health system.

The poor performance of the health system is not helped by the lack of clearly defined roles and responsibilities which results in duplication of efforts. This is compounded by inadequate political commitment especially at lower levels, poor coordination, lack of communication between various actors, lack of transparency and poor accountability. In addition, the private sector, a major contributor to health care delivery in the country, is poorly regulated due to weak capacity of State governments to set standards and ensure compliance.

It is sad to note that Nigeria and indeed Africa are losing their experienced Health workers to developed countries as a result of Neglect of their Health sectors and particularly in Nigeria, mismanagement of resources, lack of priority, lack of respect for human lives by our leaders, low wages, poor motivation, persistent shortages of basic medical supplies, poor working conditions, outdated equipment, lack of efficient and effective coordination, limited career opportunities and above all, economic reasons are among the most important factors responsible for this brain drain.

Current statistics show that health institutions rendering health care in Nigeria are 33,303 general hospitals, 20,278 primary health centers and posts, and 59 teaching hospitals and federal medical centers³. This represents a huge improvement in regards to the last decades; nonetheless, health care institution continues to suffer shortage. In spite of the various reforms to increase the provision of health to the Nigerian people, health access is only 43.3%. The inadequacy of the health care delivery system in Nigeria could be attributed to the peculiar demographics of the Nigerian populace. About 55% of the population live in the rural areas and only 45% live in the urban areas. About 70% of the health care is provided by private vendors and only 30% by the government. Over 70% of drugs dispensed are substandard. Hence, the ineffectiveness of the NIHS had recently been attributed to the fact that the scheme represents only 40% of the entire population, and 52-60% are employed in the informal sector³.

While several studies have reported many aspects of the Nigerian health care system, no work has been done in the aspect of disease tracking, and MIS techniques to meet the need of the Nigerian populace in the modern era; practically, no attention is given to surveillance systems. Hence, a major shortcoming of the Nigerian health care system is the absence of adequate MIS systems to track disease outbreaks, mass chemical poisoning.

Primary Healthcare Centres

The Nigerian government is committed to quality and accessible public health services through provision of primary health care (PHC) in rural areas as well as provision of preventive and curative services. Though PHC centers were established in both rural and urban areas in Nigeria with the intention of equity and easy access, regrettably, the rural populations in Nigeria are seriously underserved when compared with their urban counterparts. Most PHC facilities are in various state of disrepair, with equipment and infrastructure being either absent or obsolete, the referral system is almost non-existent.

Challenges

Globally, all health economies are facing similar challenges. One of the hindrances to the development of

health especially in Nigeria has to do with insufficient number of medical personnel as well as their uneven distribution. The Third Development Plan (1975 to 1980) for Nigeria focused on the inequity in the distribution of medical facilities and manpower/personnel. Despite the desire by the government to ensure a more equitable distribution of resources, glaring disparities are still evident. The deterioration in government facilities, low salaries and poor working conditions had resulted in a mass exodus of health professionals. There has been too much concentration of medical personnel at the urban to the neglect of the rural areas.

Leadership and governance

Frequent changes in leadership at all levels, corruption, lack of accountability and transparency characterize poor leadership systems and crises in governance structures in Nigeria's health system. Recommended interventions to address these include appropriate legislation and regulatory frameworks; generating federal, states and local government consensus through national and state councils on health; effective decentralization of decision making processes; intergovernmental and multi-sectoral collaboration and coordination of all stakeholders including Public-Private Partnership; strengthening stewardship role of government with proper accountability and transparency, and empowering the community and civil society as health sector watch dogs. Health service delivery: is characterized by inequitable distribution of resources, decaying infrastructure, poor management of human resources for health, negative attitude of health care providers, weak referral systems; poor coverage with high impact cost-effective interventions, lack of integration and poor supportive supervision. Interventions recommended include strengthening health services management; implementing the ward minimum health care package; increased access to quality health services; rehabilitation of health infrastructure, sustainable procurement system for health commodity security; rational use of drugs; strengthening referral system; attitudinal reorientation through SERVICOM; institutionalizing staff motivation and establishing quality assurance mechanisms.

Human resource for health

There is a dearth in the quality, quantity and mix of health care workers with a skewed distribution towards urban and southern population, alongside the existence of multiple categories of health care providers from orthodox to traditional. Interventions recommended include implementation of the National Human Resource Policy; supporting lower levels to develop HRH plans; establishing a system of continuing professional development; addressing critical human resource shortages in some parts of the country; task shifting; and periodic curriculum reviews by the training institutions and regulatory bodies.

Financing for health

Insufficient public funding are challenging both receivers and providers of healthcare. with a per capita health expenditure of \$10 and about 70% Out-Of-Pocket Expenditure, health financing in Nigeria has remained unpredictable, insufficient and uncoordinated with limited attempts to provide safety nets for vulnerable populations towards achieving universal access to health care. Critical

interventions recommended include increasing government allocation to health at all levels, expanding the NHIS coverage and regulatory functions, implementation of the community-based health insurance schemes, pooling funds using common basket approaches by all actors involved in financing health in Nigeria. Over half of the population live below the poverty line, on less than \$1 a day and so cannot afford the high cost of health care.

Health information system (HIS):

The existing gaps in the national HIS include non-adherence to reporting guidelines, poor availability and utilization of standardized tools, dearth of skills for interrogation of data, non-involvement of private providers. Research for health is poorly coordinated and conducted in the country. Despite the existence of a national policy, implementation remains slow with limited funding. Also, a recent study by Akande had reported a poor referral system between the various tiers of health care which probably tells on the poor managerial functions of the health care delivery system.

The Way Forward

The centrality of health to national development and poverty reduction is self-evident, as improving health status and increasing life expectancy contribute to long term economic development. The legitimacy of any national health system depends on how best it serves the interest of the poorest and most vulnerable people, for which improvements in their health status gear towards the realization of poverty reduction goals.

It is a faint hope indeed that the healthcare sector will become less complex, or that there will be simple answers to the demands being made. Although Healthcare problem is a known national emergency and it should be considered as such. With preventable diseases killing people rampantly, Nigeria has to come up with aggressive healthcare programs to avert future calamity-sick and inadequate workforce. The challenges continue to mount as people keep dying of minor illnesses that could have been prevented with simple medications and healthy lifestyle. In the absence of adequate and quality hospitals and health-care professionals, the horror stories would proliferate. Obviously, there is a recipe for a viable healthcare system in Nigeria.

Leadership

Leadership in health includes providing direction and the enabling environment for the various stakeholders to articulate the complex social processes which impact on the healthcare delivery system at their level in a participatory way, allowing people's viewpoints and assumptions about their local health system and economy to be brought to light, challenged and tested and jointly developing a mechanism for achieving positive change. It is imperative for strategic oversight to be provided through collaboration and coordination mechanisms across sectors within and outside government including civil society. Leadership will influence action on key health determinants and access to health services while ensuring accountability. Leadership ensures that policy formulation is deliberately structured and linked to programme planning, project selection and task implementation arising from a common shared vision.

Delivery of surgical services

Contemporary surgery is inconceivable without anesthesia, intra-operative monitoring, after surgery anesthesia recovery, the availability of appropriate operating facilities, sterilized specialized instruments and devices, immediate postoperative care, and recovery support, including rehabilitation. On account for the modern day needs of Nigerians, the health care delivery system must adequately meet the following functions:

1. Effectively assess patients' dilapidating state of health
2. Refer patients to specialists for appropriate treatments and supportive services
3. Recognize, treat, or refer comorbid medical and psychiatric conditions for specialists' treatment
4. Perform age, gender, and culturally appropriate disease screening
5. Provide brief interventions to patients with dilapidating state of health
6. Chronic diseases management and prevention
7. Family planning to be cooperated effectively into the health care delivery system
8. Systematically and routinely measure the quality of services provided by the health system
9. Mortality data of specific project enrollees to measure the effectiveness of health care provided
10. Carry out health campaigns and awareness
11. Develop effective counseling methods
12. Comparative analysis with other countries' experiences in addressing health changes
13. Calculate the economic gain or loss of health care provided
14. Economic distribution of services with adequate capitation rate
15. Verify delivery of health services
16. Provide performance based incentives on a regular basis
17. Strong knowledge base/research culture.

At the primary health care level, some have sought solutions to the aforementioned flaws. For example, several community health financing schemes (Community Based Health Insurance-CBHI) from individuals' (taxi drivers, market women, etc.) effort to provide the health needs for their communities are documented. Some urban subpopulations have also initiated the scheme. The number of CBHI probably exceeds 585 according to a recent report by Obinna Onwujekwe and colleagues (2010). In that study, the authors reported high preferences for health care benefits both at the urban and rural areas. Problems encountered in the CBHI are its very small and inadequate funding capabilities. That notwithstanding, some CBHI have increased their scope to be registered as health maintenance organizations. Also, quality of health care provided is not accessed, although this remains a problem for the NHIS too.

Capacity building and empowerment of communities through orientation, mobilization and community organization as regards training, information sharing and continuous dialogue, could further enhance the utilization of PHC services by rural populations

To achieve success in health care in this modern era, a system well grounded in routine surveillance and medical intelligence as the backbone of the health sector is necessary, besides adequate management couple with strong leadership principles⁴.

Policy Implementation

It is also clear that the process of change needs to extend beyond the redefinition of policy objectives and discussions of the ideological orientation of the health care system. Without institutional or structural change it is likely that existing organizational structures and management systems will be able to strengthening the weak and fragile National Health Care Delivery System and improving its performance¹. Health sector reform will therefore be concerned with defining priorities, refining policies and reforming the institutions through which those policies are implemented etc. Recommended interventions include modernization of the HIS; increased funding to HIS; capacity building at all levels for data collection and interpretation; availability of data collection tools at all levels; collaboration with the private sector; institution of sanctions for defaulters; harmonization of data collecting systems with key indicators; utilization of data to inform policy formulation and programming.

Community participation and ownership

This is central to the sustainability of the health system. Intervention to empower and engage the communities include using community-based organizations and kinship groups as platforms to promote community participation; implementation of bottom-top approach planning methods, implementation and monitoring; and demand creation through health promotion and behavioural change communication. Partnerships for Health if properly harnessed would provide synergized efforts for improving the performance of the health system and addressing the social determinants of health. Interventions recommended include effective Public Private Partnerships; Inter and intra-governmental collaboration; coordination mechanisms with health development partners, including multilaterals, bilateral and the civil society; equally partnerships with professional groups, traditional care providers and the community are critical.

Capacity Building

Training should be given to Federal Ministry of Health (FMOH) and state Ministry of Health (SMOH) staff in the use of modern equipment for health programming as this will strengthen Health programming capability to address the issue of access, especially for the poor and vulnerable population. In order to ensure that the health system continues to perform at optimal capacity, training should also be provided to some SMOH staff in health system development and in continuation of the public-private sectors partnership to enhance access to primary health care⁵. Interventions recommended include strengthening the capacity for research at all levels through training, increased funding and networking within and outside the country; formalization of a forum for interaction and coordination of health research; and formation of Institutional Review Boards (Ethical committees).

To achieve this, the Federal Ministry of Health will need to provide strategic, progressive leadership. A leadership that is willing to discard failed and tired structures, systems and indeed individuals. A leadership that is willing and able to maximize and harness all the resources that come the country's way through this ministry; one that can manage and direct these in a planned and structured way with the best interest of all Nigerians as its ultimate goal⁶. A

leadership that is willing to set targets for itself, is ready to communicate these targets to the general public and willing to be held to account in the way that.

Conclusion

While the face of health care is changing globally, we would not continue to be sated with what Nigeria has at the moment. We have rolled up our sleeves and get to work to bring the healthcare system up to world class standards. It's imperative that Nigeria uses the same spirit and approach for combating fake drugs in dealing with the health care system if the country intends to meet the Millennium Development Goals (MDGs).

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