

RETHINKING PRIMARY HEALTH CARE IN NIGERIA



Introduction

Improving access to basic healthcare for everyone has been the overarching goal of the Health for All initiative. Unfortunately, less than 20% of the Nigerian population have access to Primary Health Care. About two-third of the Nigerian population residing in the rural communities are under-served and lack access to good and affordable health services. Various efforts by Nigerian government to improve the quality of healthcare delivery have not translated into significant outcomes.



In the last 7 years, budget provision for Nigeria's health sector has substantially remained below the recommended 15% as stated in the Abuja declaration of 2001. A close look at budgetary allocation to health from 1999 to 2015 depicts an under-funded sector which has kept it in a dysfunctional state; hence the poor health outcomes and indices in Nigeria. Moreso, N32.7 billion spent between 2001 and 2014 on construction of 687 Primary Healthcare Centres by NPHCDA has produced little or no value for the investment across the country.



Current data from the Nigeria Millennium Development Goals Information System (NMIS) revealed that only 50 percent of the needed (5,423) government owned primary healthcare centers (PHCs) exist; most ill-equipped, under-staffed and in physically terrible conditions. For instance, PPDC's monitoring assessment of 29 primary health centres in Lere and Kubau Local Government Areas of Kaduna State, in October 2015, revealed **95%** of the clinics do not have staff quarters, are in need of new ceilings, walls and even entire structures in some cases. Lack of good rural road networks, affordable transportation and communication services, makes Health care centres inaccessible. As a result, patients seek inappropriate care from informal providers such as drug stores and traditional healers operating within a weak regulatory framework with ineffective monitoring and enforcement of rules.



The National Health Insurance Scheme (NHIS) has not reduced out-of-pocket expenses. The corrupt practices on-going with the scheme has restricted current beneficiaries to only workers in the private sector and a little fraction of public servants. And even so, there is a strict limit to the number of household members that an enrollee can insure under the programme. The rural poor are almost out of the scheme and actually represent the larger percentage faced with the burden of out-of-pocket payment for health services. 4% of households spend more than half of their total household's income on healthcare while about 12% spend more than a quarter.

These challenges and unbearable indices call for a rethink and systemic overhaul of the primary health care system which remains an essential pathway to Universal health coverage in Nigeria.

Nigerian Healthcare Indices

814/100,000 WHO data puts Nigeria's maternal mortality rate as of 2015 at 814 of 100,000 live births	34/1,000 Nigeria's 2015 neonatal mortality rate is 34 of 1,000 live births	128/1,000 Children <5 years mortality rate
60.6% Pregnant women access antenatal services	6,082/7,826,954 Over 6000 deaths of the 7.8mil reported cases of malaria by 2014	34.5% Children <5 years with pneumonia symptoms taken to a healthcare provider
38% Deliveries attended by skilled health providers	871 Reported cases of meningitis	36.5% Children <5 years with ARI symptoms who took antibiotic treatment
25% Children received basic immunization treatment	35 Reported cases of poliomyelitis	38.1% Children <5 years with diarrhea receiving ORT
	53/56 years Life expectancy men/women	

Nigeria's Healthcare Statistics Summary by World Health Organization - Global Health Observatory (GHO) and the Demographic Health Survey (DHS) Program.



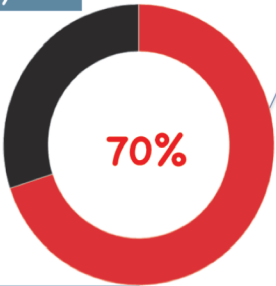
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Every day Nigeria loses about 2,300 under-five year



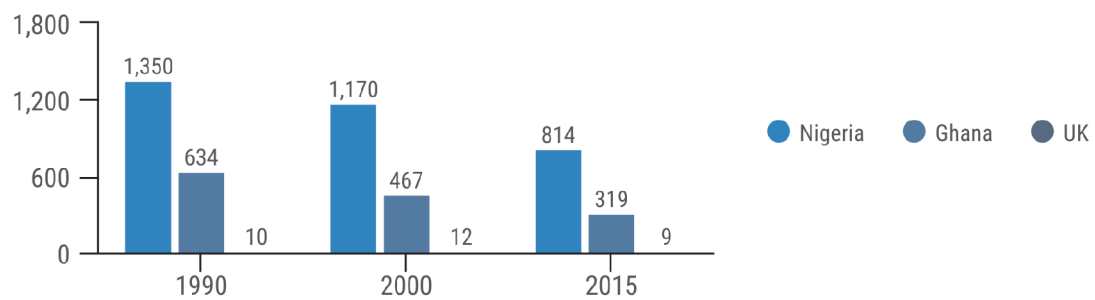
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Every day Nigeria loses about 145 women of childbearing age

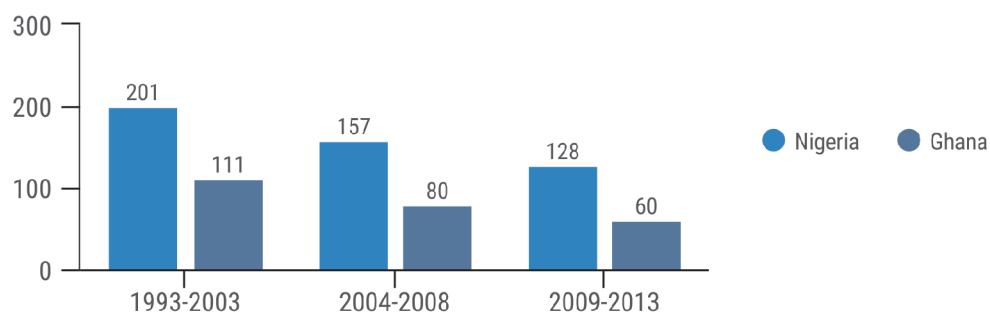


Research has shown 70 percent of under-5 deaths in Nigeria are avoidable

Maternity Mortality Ratio (per 100,000 live births)



Child under 5yrs Mortality Ratio (per 1,000 live births) - WHO



Nigeria is the largest economy in Africa and is ranked one of the fastest growing economies in the world. However, the health system has long been neglected which is reflected in the maternal and child-under-5years mortality rate higher than Ghana for over two decades.



Healthcare Administration

Healthcare administration in Nigeria derives from the federal structure taking cognizance of the levels of government. Thus the three tiers of government are responsible for different levels of health service provision. However, with the introduction of the Primary Health Care Under One Roof (PHCUOR) by the National Health Act, Local Government Authority is responsible for providing services at the PHC.

Table 1: Types of Health Facilities, Management and Expected numbers

Health	Level of Management	Expected numbers
Teaching/Tertiary hospitals	Federal Government	1 per State in 36 State + FCT
General hospitals	State Government	1 per LGA. Minimum of 774 will be expected
Primary Health Centers	Local Government	1 per ward. With an average of 10 wards per LGA, a total 7,740 will be expected
Primary Health Clinics	Local Government and ward development committee (WDC)	1 per group of villages/neighborhoods with about 2,000 - 5,000 persons
Health Posts	Village Development Committee (VDC)/Community Development Committee (CDC)	1 per village or neighborhood of about 500 persons. As many as the number of villages

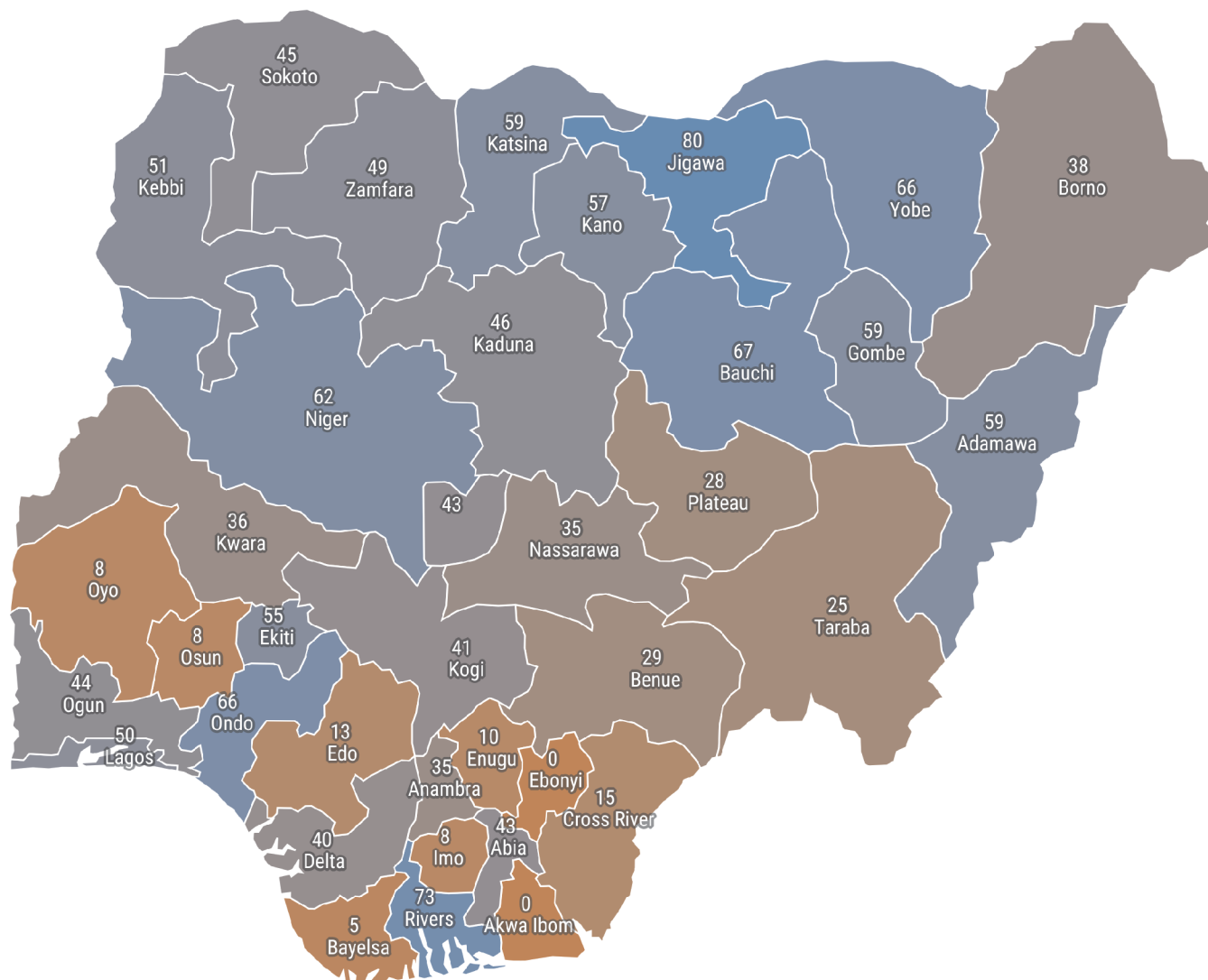
Source: Adapted from Minimum Standards for Primary Health Care in Nigeria

Tertiary health institutions are the responsibility of the Federal and States Government. Secondary health care facilities are the responsibilities of the state government; while local government authorities are mandated to coordinate and provide services at primary health care level to bring services closest to citizens. The devolution of responsibility for the PHC to LGA is aimed at achieving a single management body with adequate capacity to control service and resources (human and financial) as well as ensuring an effective referral and system between and across the different levels of care.

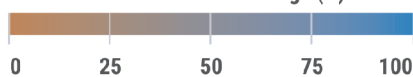
The NPHCDA has developed guidelines on minimum standards for Primary Health Care (PHC) in Nigeria. These allow states (and Local governments) to classify their facilities into a few basic types (Health Posts, Clinics and Centres) for which standard resource packages can be tailored, according to the size and workload of each facility. Realistic costing of the standard packages of health services helps the states to determine and allocate resources (Financial, Human and otherwise) effectively. In addition, it allows for the development of health service investment plans that can be used to advocate for resources more effectively (health budget).

Implementation Scorecard III of the Primary Health Care Under One Roof indicates need for significant attention to the minimum service packages provided, as well as commitment by states to strengthening the PHC. While some states made substantial progress in this respect, others need to ramp up their commitment.

PRIMARY HEALTH CARE UNDER ONE ROOF IMPLEMENTATION SCORECARD BY STATE



State Performance in Percentage (%)



Human Resources for Health

There is a significant shortfall in the amount of medical personnel (doctors, nurses and midwives) in Healthcare centres in Nigeria. World Health Organization's critical threshold for healthcare workers is 23 per 10,000 population. Nigeria figures stands at 20 health care workers per 10,000 population. Thus in view of the shortage in human resources for health, the anticipated gains from the devolution of responsibility on the PHC to the Local Government Authority as captured in the National Health Act and other policy documents may not be actualized.

MINIMUM STANDARDS FOR PHC data for Personnel (by NPHCDA):

Health Posts (per 500 population)

- 1 Junior community health extension worker (JCHEW)
- CORPs (Community resource personnel)
- TBAs and VHWs

Primary Health Clinics (per 2000 - 5000 population)

- 2 Midwife/Nurses
- 2 CHEW
- 4 JCHEW
- 2 Health attendants
- 2 Security personnel

Primary Health Centres (per 10000 - 20000 population)

- 1 Medical Officer
- 1 Community Health Officer (CHO)
- 4 Midwife/Nurses
- 3 CHEW
- 1 Pharmacy Technician
- 6 JCHEW
- 1 Environmental Officer
- 1 Medical Records Officer
- 1 Laboratory Technician
- 2 Health attendants
- 2 Security personnel



23/10,000

WHO's critical threshold for doctors, nurses and midwives is 23 per 10,000 population



20/10,000

Amount of doctors, nurses and midwives in Nigeria is 20 per 10,000 population

Physician density:
0.4 per 1,000 population

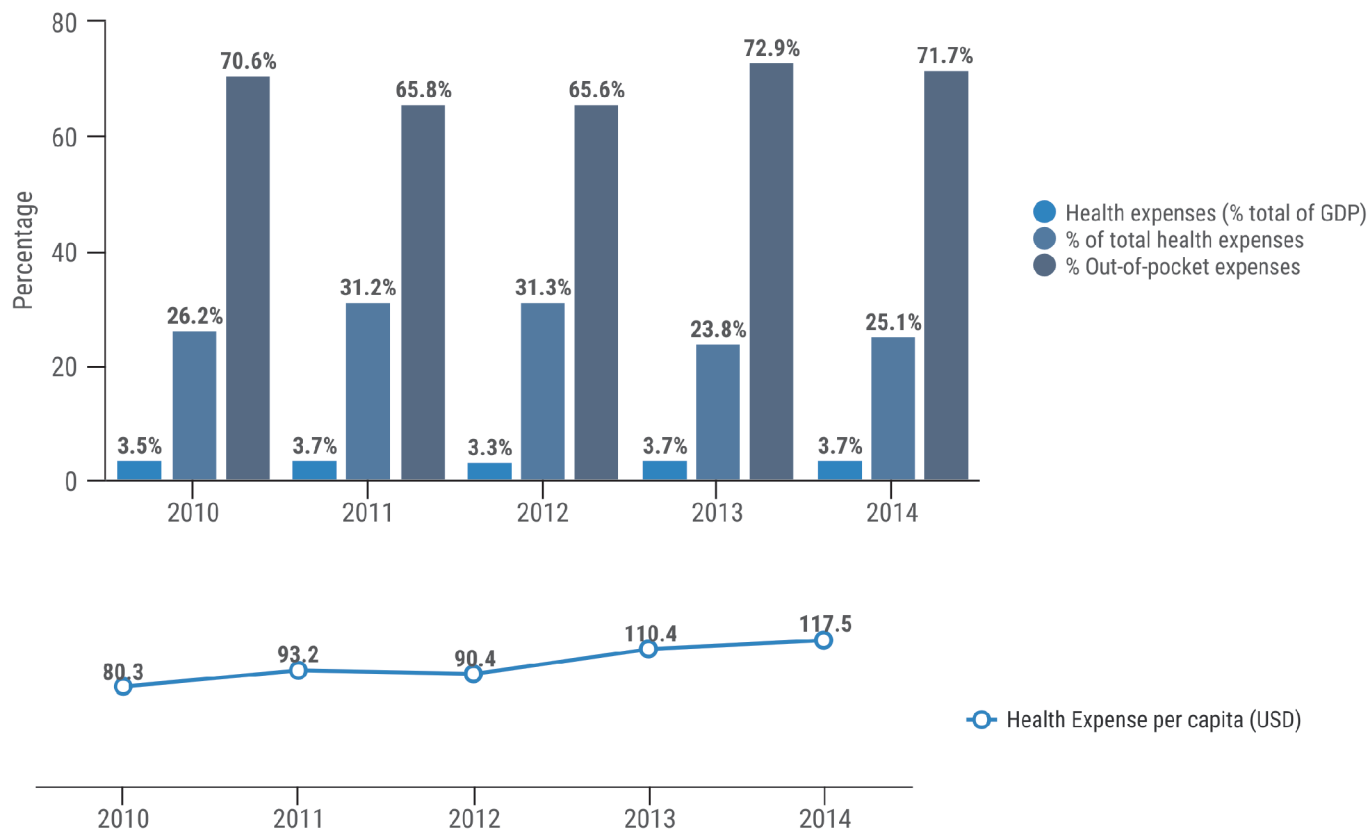
Nursing and midwifery personnel density:
1.6 per 1,000 population

Pharmaceutical personnel density:
0.1 per 1,000 population

Healthcare workers density:
0.1 per 1,000 population

Health Financing

Primary Health Care Expenses



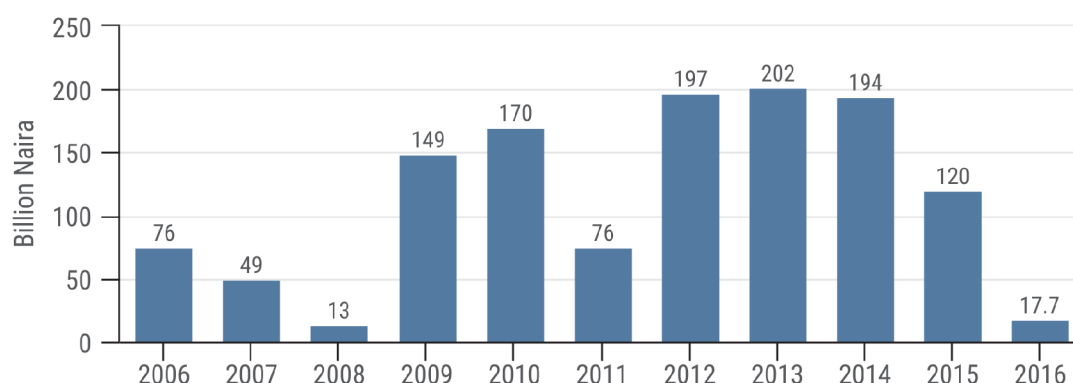
Source: World Development Indicators, 2017

Health care in Nigeria is financed through various sources, including tax revenue, out-of-pocket payments, international donor funding and health insurance. Households continue to be the major source of health financing in Nigeria, through out-of-pocket spending.

Nigeria's Health Expenditure has fluctuated over recent years. Key health indices (which ought to be addressed at the primary healthcare level) like Maternal and Child mortality rate have remained high - while percentage of immunized infants remain low, as a result of the fluctuation and decrease in the National Primary Health Care Development Agency's budget.

At the local government level, financial allocations often do not extend beyond the payment of salaries, with accountability and transparency among the weakest of all areas of the national public finance system.

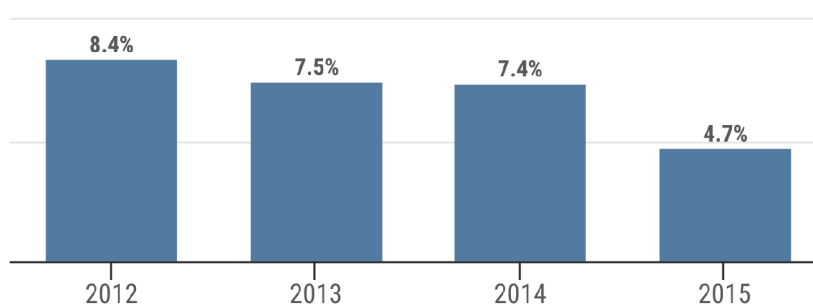
Primary Health Care Budget



Source: Federal Ministry of Health (2006 – 2016 Budget)

Efforts aimed at improving health coverage in the country through policy formulation has been increased with the development of the National Health Financing Policy in 2006. It is aimed at promoting equity, access to quality and affordable health care, and ensuring efficiency and accountability in the health system. The National Health Act (NHAct) aims at ensuring universal coverage utilizing the Primary Health Care as the platform for the provision of basic health care services. Pursuant to this, the NHAct established the Basic Health Care Provision Fund (BHCPF) with financing sources being consolidated. These include revenue from the Federal Government - an amount not less than one percent of its value as well as other sources (grants from international development partners, for instance). Despite these operational policies, per capita health expenditure is \$10 which is below \$34 recommended by Macro-Economic Commission on Health.

Percentage of Budget for PHC activities



Source: Federal Ministry of Health (2012-2014 Budget)

Health Insurance Schemes are meant to bridge the gap in health financing, particularly addressing issues of out-of-pocket expenses while saving as a safety net for provision of health care service to the lower income group.

90% NHIS initial target coverage by 2015	3% Insurance coverage (men) 2.4% employment-based insurance DHS - 2013	1.8% Insurance coverage (women) 1.4% employment-based insurance DHS - 2013	2.9% Private health expense was financed by insurance in 1995. It peaked at 6.2% by 2002 and plateaued at 3.1%
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National Health Insurance Scheme (NHIS) coverage is highly skewed in favour of public sector workers and those in large private organizations while the majority of the Nigerian population are not served which poses a significant challenge on the attainment of universal coverage thereby minimizing out-of-pocket expenditure.

Marked by paucity of data with room for various interpretations, universal coverage on the platform of the NHIS appears not in the near future. However, it has been argued that the NHAct should be implemented in ways that encourage states to initiate insurance schemes peculiar to their environment and specific needs.

Way forward

In charting a new course for the attainment of universal coverage of quality healthcare, it may be needful to consider a few things:

- Diligence in the implementation of the NHAct which clearly assigns responsibility and roles to various actors in the Nigerian health sector and provides for a 'basic healthcare provision' fund to improve Primary Health Care;
- Strengthening of the referral system in the health sector. Good transportation, and communication systems need to be set up for an effective referral system (especially as a two-way system);
- Strengthening accountability, transparency and responsiveness of the Local Government Authorities and the NPHCDA through community participation and supportive supervision;
- Implementation of true federalism in the healthcare sector by strengthening the policy environment in ways that enable states initiate and adopt health insurance policies most suited to their economic, population and socio-demographic peculiarities.
- Stakeholders should give attention to community-based health insurance scheme in Nigeria

PTCIJ: Our Projects

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An Open source site designed to connect writers and editors to publish timely and ground-breaking stories. These stories have been fully authenticated as a way to insist upon accountability in new media publishing practices.

<http://dubawa.com/>

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- **PHC Tracker**

Helps in tracking health facilities and their services provision from the beneficiaries point of view. It tells real stories that are further investigated by interested media houses. Facilities are Geo-tagged to their location on the Nigerian Map.

<http://ptcij.org/health-care-tracker/>

- **Press Attack Tracker**

A Platform to track and report attacks on Press in Nigeria. The platform will provide a map of threats and attack on the press thus providing data for periodic review; it also serves as an advocacy tool for press freedom in the wider Nigerian Society.

<http://ptcij.org/pressattackng/>

- **Campus Reporter**

A Platform created to showcase the talents of about 400 student reports from 8 selected universities who have been trained in investigative journalism and journalism ethics.

<http://campusreporter.ng/>

- **Nigeria Police Watch**

An online platform that provides Nigerian citizens and police with vital information to get the best out of the police for the security of the people in a country high in crime. In addition, the site serves as a means via which citizens and police interact and exchange information to make the police more efficient and citizens and neighborhoods more secure.

<http://www.nigeriapolicewatch.com/>

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