

THE PROBLEMS AND PROSPECTS OF PUBLIC HEALTH CARE DEVELOPMENT IN NIGERIA'S LOCAL GOVERNMENT SYSTEM

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ABSTRACT

The abysmal failure of public health care system in Nigeria has attracted comments and criticisms from local and national levels. The provision of adequate health care services to the citizens, particularly those residing at the rural areas has left much to be desired. In spite of media propaganda and the current health sector reforms by the government, the public health care system in Nigeria is still inefficient in all ramifications. It is therefore argued that the problems facing the public health care system in Nigeria could be traced to poor implementation of National Health Policy as well as other health-related policies and programmes. Also, the implementation of National Health Policy and the current reforms in the health sector are therefore expected to address the perennial problems inflicting public health care development in Nigeria. The paper further argues that it is only when the government ensures that health is regarded as the right of all citizens of the country, irrespective of status that the public health care system is said to be developed in Nigeria. The paper adopts descriptive method and content analysis to arrive at the conclusion that poor implementation of health care policies and programmes is the major constraint to the achievement of desired goals in public health care provision in Nigeria, particularly at the local government level. For better improvement, the paper suggests the need for political commitment as well as elimination of bureaucratic bottlenecks in public health care provision in Nigeria.

INTRODUCTION

In many developing countries such as Nigeria, local, State and national programmes have been conceived and constructed to carry out at the community and Urban levels, the feasibility of various alternative methods of providing opportunities for alleviating the socio-economic and health needs or overall life chances of the deprived and under-reached section of the population. It is an established and widely recognized fact that conditions of the poor and stunted access to socio-economic and health needs of the Nigerian populace were identified and this led the governments to establish the health institutions or hospitals to cater for the health care needs of the Nigerian people.

The fact that many of the hospitals of today are named after saints reminds us that in medieval times, the care and treatment of the sick were often the duty of the monasteries and later the Universities. In medicine itself, early progress was slow after the initial Greek studies. With the surge of the Moslems into Europe, Greek texts were translated into Arabic, and the Arabs advanced the science of medicine, which was succinctly geared towards public health care development of the society.

Indeed, history and experience aver that conventional health services inherited from the British colonial system are unlikely to expand to meet the basic health care needs of all Nigerians, especially in our local government areas. To this extent, we argue that health cannot be isolated from wealth or economic development of a country. It is, however, an integral part of every aspect of development. Consequently, health care system depends on other sectors of the economy as much as other sectors of the economy depend heavily on health care system.

Ironically, despite great efforts by governments and some experts in health care industry, most of the rural population and other under-privileged groups have no access to adequate health care services. This ugly trend retards development in our local government areas. Thus, something needs to be done to ameliorate the health standard of the masses in the local government area across the country.

To this end, this paper attempts a critical look at the problems and prospects of public health care development in Nigeria's local government system. It further examines the

factors responsible for the poor health care standard of majority of the people in our local government areas across the country. In other words, this exercise should aid the government, corporate bodies and well-meaning Nigerians to contribute immensely to improve the health standards of the masses in our local government area in particular and Nigeria in general.

CLARIFICATION OF CONCEPTS

In social science, what is meant by concept is that words have different meanings depending on how they are used. In order to have a comprehensive research, we must operationalize our concepts to make them relevant to our study.

However, the basic concepts that are vital to the proper understanding of our study are defined as follows:

HOSPITAL: This refers to a place where patients receive treatment as a result of ill health.

HEALTH: In this paper, health is referred to a good state of being physically and psychologically sound.

LOCAL GOVERNMENT: This is the third tier of government established to bring development as well as health care services closer to the people.

RURAL AREA: Refers to the geographical land mass occupied by group of people with common belief system, custom, values etc.

PUBLIC HEALTH: Refers to the science and art of preventing diseases, prolonging life and promoting health and efficiency through organized community effort.

DEVELOPMENT: This is the process of improving the quality and living standard of the people residing at the rural areas.

PRIMARY HEALTH: Refers to health approach, which integrates at the community level, all the elements necessary to make an impact on the health status of the people.

DISEASE: Refers to a state of mental or body illness caused by infestation or internal disorder

LITERATURE REVIEW/THEORETICAL FRAMEWORK

According to Udo, Amanam A. (1983), problems of our public health care system are multifarious. He contends that the poor quality and restricted availability of care, lack of accountability on the part of the health care providers and government's seeming inability to bring about improvement in the system have combined to plague our health care system in Nigeria. What Udo (1983), asserts here is that poverty in our local government system as well as corruption among the health personnel orchestrated some of the problems in our health care system.

In the words of Ihejimaizu E. C. (2002), the provision of health services is the responsibility of Federal, State and Local Government, as well as the regional organizations and individuals. Paradoxically, the problems often seen in our health system across the state are that the populace looks up to the government alone to solve all problems affecting the health sector. According to him, most illnesses in the rural areas are attributed to witchcraft or sorcery. Consequently, the sick person or his immediate environment may be regarded as magically contaminated and isolated from others. What this therefore implies is that the people do little or nothing to improve their health standard in the society.

Also, Bayomi M. S. (1993) identifies various shortcomings in our public health care system. According to him, public health care is expected to:

- (i) Provide nursing care to families with problems associated to pregnancy, childbearing, and early infancy.
- (ii) Solve problems associated with child growth and development as raising-up children.
- (iii) Solve problems associated with preventions; treatment and cure children-hood diseases.
- (iv) Educating parents and children about personal health diseases, prevention and child health.
- (v) Improving the environment in which the family lives.
- (vi) Preventing handicapping condition, through blood grouping, immunization, marriage counseling and prompt referrals.
- (vii) Promoting and providing care for the handicapped children and children requiring special service protection.
- (viii) Provision of home care, follow up's and prompt referrals.
- (ix) Reduction of infant mortality and maternal rages.

The issues raised above, therefore calls for more appropriate measures to protect mothers and their children from the deadly disease such as HIV/AIDS, tuberculosis, leprosy, malaria, typhoid, and whooping cough, among others in Nigeria generally. It is, however, pertinent to note that non-fulfillment of these expectations result in serious health problems in our society.

Egwu, I. N. (1996), argues that some writers put the definition of public health with three chronological segments: classical, preventive and social science perspectives. To him, the classical view of public health could be traced to the very early and exclusive concern of the field with sanitary condition, nuisances and hazards or disease communicability. According to him, insanitation and communicability of diseases were the criteria for deciding whether a problem fell within the purview of public health or not. He therefore integrates and expands the definition of classical, preventive or social science as follows:

Public health is the science and art of preventing disease, prolonging life and promoting health and efficiency through organized community effort for sanitation of environment, control of communicable infections, education of individuals on

personal hygiene, organization of medical and nursing services for the early diagnosis and preventive treatment of diseases...

The above definition collaborate the objectives of National Health Policy in Nigeria. In Nigeria, the goal of the National Health Policy is to bring about a comprehensive health care system, based on Primary health care that is promotive, protective, preventive, restorative and rehabilitative in all ramifications. The essence is to ensure that every citizen of the country is assured of productivity, social well-being and enjoyment of living.

Mills, A. (1995), opines that before addressing the question of the inefficiency of health provision, it is important to consider the objectives that governments seek to achieve in the health sector since these should influence the means they adopt. To him, two distinct ethical principles can be distinguished. The first is that access to health care should be considered the rights of citizens, which should not depend on individual income or wealth, with a view to reducing health inequalities. Secondly, access to health should be considered essentially, access to other good things of life, which are acquired through work or inheritance. To this extent, less emphasis is place on the government's role in improving equity. Despite the differences these views imply in the objectives and strategies of the health system in different countries, Nigeria inclusive, international health policy generally takes it for granted that the common objective of health system is to maximize health status, given the resources available.

Nutting, P. A. (2005), asserts that the horizons of classical public health were extended in the 19th and early 20th centuries and were influenced by antecedent radical thinking of the area, led by dedicated social reformers. From here public health progressively evolved into community health. To this extent, public health as we know it today, is at the cross road of over twenty disciplines and sub-disciplines, all directly or indirectly influenced by the development of the classical era. Currently, public health has been concerned with prevention of diseases, disability and promotion of health of every citizens in the society.

THEORETICAL FRAMEWORK

In analyzing the problems and prospects of Public Health Care Development in Nigeria's Local Government system, David Easton's "System Theory" readily comes to mind. According to David Easton, (1953), a system is made of different parts that make up a whole. Put differently, it is a conglomeration of different units that make up a whole.

Thus, each of these units or parts must work harmoniously to maintain or sustain the system. When a particular unit is not properly functioning, it also affects the entire system. This theory could therefore be illustrated with a "Car" which is made up of tyres, engine, shock absorbers, wheels, seats, gear, break system, throttle, battery, fuel tank, lights etc. All these parts or units form a system known as "Car". It must be reiterated that any problem with any of these units or parts affects the entire system.

By application to the Public Health Care Development in Nigeria's local government system, public health care is a part, while the local government is a system. For there to be meaningful development in public health care provision particularly in local government councils across the country, the current reforms in the health sector must be fully implemented.

The relevance of this theory to the problems confronting public health care development is that it helps one to understand why government has not achieved meaningful success in the provision of health care services to the people particularly at the local government level. The implementation of health sector reforms must take cognizance of the prevailing challenges and also address some social pathology that characterized our health care system. This include, corruption,

among health personnel, inconsistency in the formulation and implementation of health policies, unnecessary bureaucracy in the tackling health related matters, undue political influence in citing/establishment of hospitals in the society, among other.

The theory also enables us to understand that most of the inefficiencies and problems confronting public health care development in Nigeria today emanated from the system, hence, attempt to address the perennial problems must start from the adoption of people-oriented health policies and programmes.

HOSPITAL AND HEALTH SERVICES ADMINISTRATION IN THE LOCAL GOVERNMENT AREAS IN NIGERIA

In the Forth National Development Plan in Nigeria, (1981 – 1985), the Federal Ministry of Health formulated policies and objectives aimed at planning and providing health care services in order to meet needs of all Nigerians by making such services comprehensive and universal, portable and accessible to every citizen. If these objectives are to be achieved, the health care system should provide appropriate, effective and efficient health care services within the economic environment of making choice among scarce goods. One of the major problems of the Nigerian health care system is administrative, shortage of drugs, communication gap and laxity, which prevails in our hospitals and often, results in poor quality patient's care. All these are symptomatic of administrative problems. It cannot be over-emphasized that Nigeria needs a qualified and competent health services administration, even more than she needs money.

However, it is disheartening to note that corruption in our hospital within local government system appears pervasive. Most government hospitals in our local government areas are seriously involved in this act without the fear of God. Most hospitals are being managed by Chief medical superintendents and the management staff, who take the hospital equipment to their private owned hospitals. Also, most of them charge members of the public excess medical fees and fail to give account of such. So, the management can decide to siphon the money into their private pockets, thereby raping the principle of accountability in the management of public funds. Also most doctors in charge of these hospitals open their own clinics and divert the patients to such clinics leaving the hospital employees redundant. The current reforms in Nigeria's Health Sector are therefore expected to address these problems.

On the aspect of personnel, the government employees, who do not know much about health care development, often manage public hospitals. The effect of this is high death rate in our hospitals particularly in local government areas.

Furthermore, cost containment has become a major issue in government hospitals whereby clients are confronted with ever increasing cost of health care provision. The reason for this ugly state of affairs is not far-fetched. The escalation in medical fees may be due to misdirection of the required administration of certain drugs as well as the introduction of skyrocketing service charges in our hospitals. When a patient is not able to pay the hospital bill due to financial constraints, he or she now encounters problem of culpable neglect resulting to his or her not receiving the required treatment and thus ends up seeking traditional help from herbalists, ritualists, prayer houses among others.

Based on the situation in the hospitals and the type of facilities available for treatment of patients, a basic list of necessary drugs or those available at that given time and their quantities should be drawn up to help met the basic needs of the population at affordable prices so as not to scare clients away from hospitals, particularly in the local government areas.

On the part of equipment, expensive and labour saving equipment, which require skilled maintenance to operate, are at times provided in local government hospitals when competent operators are yet to be trained to man them.

Hence they lie idle for long and then jot away. Therefore, critical cases requiring the use of the equipment are not handled and some of the patients are left at the mercy of death.

FUNCTIONS OF PRIMARY AND PUBLIC HEALTH CARE SERVICE UNITS IN NIGERIA

These two closely related units have numerous functions, which are expected to better the health care condition of the populace in our local government areas. In this regard, the functions of the primary health care unit include:

- (i) To ensure appropriate treatment of common disease.
- (ii) Expanded programme on immunization
- (iii) Safe water and improve sanitation
- (iv) Provision of essential drugs
- (v) Food and proper nutrition
- (vi) Prevention and control of locally endemic diseases.
- (vii) Material and child health.

Also, the functions of the public care units could be enumerated, thus,

- (a) Inspection of food for the purpose of entry clearance
- (b) Taking of samples of water at ports.
- (c) Formulations of policies and guidelines on food eating premises and their inspection.
- (d) Inspection of imported food in stores and market, etc.

From the above-mentioned functions, it could be said that primary health care function is parochial than public health care services. The former involves limited number of people in the rural populace while the latter embraces all the facets of the society. The emphasis here is that these two bodies have not lived up to their expectations. Their shortcomings vis-à-vis the functions they perform could be re-defined to enhance the health care standard of the people.

The health services as organized before the adoption of the National Policy in Nigeria show major defects, which are widely recognized as follows:

- (i) The coverage is inadequate. It is estimated that not more than 30 percent of the population has access to modern health care service. Rural communities and the urban poor are not well served health wise.
- (ii) The orientation of the service is incorporated with a disproportionately high investment in curative services to the detriment of preventive services.
- (iii) The management often shows major weakness resulting in waste and inefficiency as shown by failure to meet targets and goals. Voluntary organizations and other agencies provide health care with various inputs, which are poorly coordinated.
- (iv) The involvement of a community is minimal at critical point in the decision-making process.

HEALTH SECTOR REFORMS AND POLICY IMPLEMENTATION IN NIGERIA

The widespread concern over the inefficiency of public sector health services prompted the current reforms in Nigeria's health sector. To some, the main problem is allocative efficiency: the distribution of resources between different health interventions and the over-provision of less-cost effective interventions. To others, the main problem is technical efficiency. For instance, there is widespread waste of resources because of poor purchasing and distribution systems and over-staffing. Be that as it may, the major thrust of this paper is to remedy the widely acknowledge inefficiencies in the public health care system of Nigeria.

Before addressing the issue of inefficiency in public health care provision in Nigeria, it is important to consider the objectives that government seek to achieve in the health sector in particular and Nigeria generally. To this extent, two ethical principles can be distinguished. In the first, access to health care is considered a right of citizenship which should

not depend on individual income or wealth. This is succinctly because, emphasis is therefore placed on best ways of reducing health inequalities as contained in National Health policy of Nigeria. In the second, access to health care is considered to be essentially similar to access to other good things of life which are acquired through work or inheritance, and less emphasis is placed on the government's role in improving equity.

Despite the differences these views imply in the objectives and strategies of health system in Nigeria, the objective of the National Health Policy is to maximize health status, given the resources available. Regrettably, public health care system provides low coverage of those in greatest need, particularly the rural poor. This is assumed to be inefficiency because it is argued that some of the most cost-effective measures (Immunization, ante-natal and post-natal care, treatment of common infectious diseases) are those which improve the health of those with the worst health status such as the poor in the society.

In Nigeria, there have been many programmes designed to tackle the weaknesses and abysmal failure of publicly providing health care. The focus of this paper is not to list them but to assess their success, since health reforms are frequently described as if their mere existence is proof that they are effective. Thus, many evaluations are done with medical or epidemiological focus, to demonstrate improved health care or improved health status, but the impact of structural and procedural changes on efficiency or cost savings are not documented. Indeed, monitoring tends to be limited to the time period of an externally-funded project and not to continue after the project has finished, so the sustainability of reforms in Nigeria is hard to assess.

Most of the measures to improve the efficiency of publicly-provided health care fall under the general heading of "management system improvements". They include improving planning and budgeting systems at all levels; improving information systems including information on costs; improving financial management and accounting systems; improved management of inputs such as staff, essential drugs and other supplies, transport, and buildings and equipment; controls on the supply of expensive technology including highly trained staff; creation and expansion of management cadres for hospitals and health authorities; management training for all health professionals involved in management, among others.

It is therefore argued that the implementation of the above measures would lead to better performance and service delivery in public health care system in Nigeria. This will not only benefit the elites, but also the rural poor in the contemporary Nigerian society. It is only when this is achieved that the objectives of the National Health Policy would be seen as the right policy choice in Nigeria.

SUGGESTIONS/RECOMMENDATIONS FOR IMPROVEMENT

An acceptable level of health for the masses in our local government areas across the nation cannot be achieved by the health sector alone. It can only be achieved by well-coordinated efforts by the local government council, the health care sector, and the beneficiary community.

In view of the foregoing, the following strategies, or approaches and policy guidelines are advocated for the effective delivery of health care services in our local government area.

1. Provision of appropriate health care facilities as reiterated above.
2. It must be ensured that the infrastructures for health care services are well designed, designated and maintained.
3. There should be development of manpower e.g. Community Health Extension Workers (CHEW) through continuous training and education of employees.

4. Priority health programmes must be identified, implemented at the local government level and monitored in the primary health care system particularly at the local government level.
5. Logistics supports and systemic guidelines should be reviewed for provision and supplies of equipment and its distribution must be maintained.
6. There should be adequate political commitments of the local, state and federal governments to the provision of health care needs of the people particularly the rural populace.
7. The local government system should be designed to economically support the health care needs of the rural populace as an integral part of sustenance of democracy.
8. Establishment of managerial processes, which can lead to clearly defined objectives and allocation of resources
9. Public information and education of the populace on the quintessential needs for good health through clean environment, proper nutrition, personal hygiene, among others.
10. Inter-sector collaboration, which stimulates and coordinates action for health.
11. The activities of National agency for Food and Drug Administration and Control (NAFDAC) should be extended to the rural areas to check the sales of illicit and fake drugs in the rural areas.

CONCLUSION

The paper has attempted an exposition of the problems that plague public health care development, particularly at the local government level in Nigeria. The study has demonstrated that public health care is not intended to represent the second best medicine for either the rural people or the urban people. It is not a stop-gap-solution to be replaced by something better at a later stage. It is not intended to function in isolation, but in collaboration with the referral and specialist centres among other sectors. From the foregoing, the time is auspicious to realize the problems of public health care services, which must extend beyond the purview of medicine, into the field of social and management services.

Consequently, a wider spectrum of knowledge is needed, embracing such matters as the quantity and distribution of health care resources and their utilization, the volume and nature of health care services, and the cost of providing these, the supply of man power and its most effective use, the operational efficiency of large scale institutions, among others. These can only be achieved through the implementation of the objectives of National Health Policy and recommendations of the recent reforms in the Nigerian health sector

This will not only improve the health condition of the citizens, particularly those at the grassroots, but also justify the huge budgetary allocation to the health sector in Nigeria.

REFERENCES

- Adebiyi, J. O., 1980. Curriculum Planning in Health Education in Primary Schools, In Journal of Nigeria Education Research council Vol. F No. 1 Jan.
- Barnum, H. and Kutzin, J., 2005. Public Hospitals in Developing Countries: Resource use, cost financing. Baltimore John Hopkins University Press,
- Bayomi, M. S., 1993. Community Organization: A Method of Health Education: National Health Education 2nd National Seminar 13th – 17th August.
- Easton, D., 1953 The Political System, New York: Alfred Knopf.

- Egwu, I. N., 1996. *Primary Health Care System in Nigeria: Theory, Practice and Perspectives*, Lagos, Elmore Printing & Publishing Company.
- Eminue, 2005. *Public Policy Analysis and Decision-making*, Lagos: Concept Publications Ltd.
- Federal Government of Nigeria, 1981 *Fourth National Development Plan, 1981–1985*, Lagos: Federal Ministry of National Planning.
- Federal Ministry of Health, 2001 *Special Report*
- Ihejamaizu, E. C., 1995. *Topical Issues on Public and Family Health (Unpublished lectures) IPPA, University of Calabar*
- Ihejamaizu, E. C., 2002 *Issues in Population Policy and Health Care Administration* Owerri, African Scholars Publishing Company.
- Litsios, S., 2004. *The Christian Medical Commission and the Development of the World Health Organization's Primary Health Care approach*, In *American Journal of Public Health, March, Vol. 94*, pp. 11 – 22.
- Isaac, J. O., 1990. *Bureaucracy and National Development: A Theoretical Re-Examination In Constitutionalism and National Development in Nigeria: S.G. Tyden (ed.)* Ibadan, Political Science Association pp. 282-306.
- Mills, A., 1995. *Improving the efficiency of Public Sector Health Services in Developing Countries: Bureaucratic Versus Market Approach*, London, Macmillian Press
- Nnadozie, O. U 1990 *The Bureaucracy and National Development The Case of Nigeria In Constitutionalism and National Development in Nigeria: (ed.) S. G. Tyden, Ibadan, Nigeria, Political Science Association Publication*
- Nutting, P. A., 2005. *Community-Oriented Primary Health: From Principles to Practice. (Introduction)*, Albuquerque, New Mexico Press.
- Obasanjo, O., 2001 *Address at the Opening Ceremony of Stakeholders Conference on Primary Health Care. Monday 18th June, Abuja. The Road Magazine of Primary Health Care in Nigeria, vol 4, Number 4, Sept. p.5.*
- Okeke, D. C., 2000. *The Nigeria Health Sector: Suggestions for Improvement*, Lagos: Jonas Publication Ltd.
- Udo, Amanam A., 1983. *Management of Retirement and Resignation of Medical Professionals, in civil Service of Cross River State: An Impressionistic view.*
- World Health Organisation, 1978. *Alma-Ata WHO/UNICEF Conference on Primary Health Care.*
- Wright, F. J., 1976. *British Social Services* MacDonald and Evans Ltd. Eslover Plymouth.