

# Health Sector Reforms In Nigeria

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## Introduction

A health system, as defined by the World Health Organisation (WHO), consists of all organizations, people and actions whose primary intent is to promote, restore or maintain health (WHO, 2000). This includes efforts to influence determinants of health as well as more direct health-improving activities. A nation's health system constitutes the platform for health actions that are expected to result in improved health, well-being and quality of life of the people. Indeed, the strength and effectiveness of a health system can be judged by the health status of the population it is designed to serve. However, as the World Health Report 2000 indicates, the overall goals of the health system include producing good health, but also encompass the system's responsiveness to the expectations of the population, and fairness of financial contribution. As such, “the difference between a well-performing health system and one that is failing can be measured in death, disability, impoverishment, humiliation and despair” (Brundtland, 2000). To achieve their goals, all health systems have to carry out some basic functions, regardless of how they are organized: they have to provide services; develop health workers and other key resources; mobilize and allocate finances, and ensure health system leadership and governance.

As current health statistics show, the health situation in Nigeria is poor. The country's maternal and mortality rates, for example, are some of the highest in the world and are considerably worse than that of many of her less economically endowed neighbours.

While there are indications that the picture may be changing positively, due to some innovative actions on the part of government and other stakeholders, the challenge of poor health remains real and challenging in the country. This, undoubtedly, is a result of its underperforming health system. The WHO's ranking of health systems in its World Health Report 2000, which placed Nigeria in the 187<sup>th</sup> position out of 191 countries speaks volume about the state of the health system, and calls for effective actions that will result in definite and positive changes. In the words of one of Nigeria's leading public health experts, “The Nigerian health system is sick, very sick and in need of intensive care.” (Lucas, 2006). The growing dissatisfaction with the state of the health system, and the desire for improved health outcomes, particularly with the current emphasis on Millennium Development Goals, have contributed towards the yearning for a reform of the system. As a Federal Ministry of Health (FMOH) documents puts it, the Nigerian health “system is so complex and has grown out of so many obtuse 'needs' that the best approach to reform is to start afresh and plan the system *de novo*” (FMOH, 2006).

## Health Sector Reform: Rationale and Process

Reform means positive change. But health sector reform implies more than just any improvement in health or health care. It is a process motivated by the need to address fundamental deficiencies in health care systems that affect all health care services. Health sector reform has been defined as “a sustained process of fundamental change in policy and

institutional arrangements, guided by government, designed to improve the functioning and performance of the health sector, and ultimately the health status of the population” (Sikosana et al., 1997). A committee of the WHO African region defined it as “a sustained process of fundamental change in policy, regulation, financing, provision of health services, re-organisation, management and institutional arrangements that is led by government and designed to improve the performance of a health system to attain a better health status for the population (WHO, 2009). Drawing from the work of Berman, it can also simply be said to be a “sustained and purposeful change to improve the efficiency, equity and effectiveness of the health sector” (Berman et al, 1995). “Sustained” in the sense that it is not a “one shot” temporary effort that will not have enduring impacts; and, “purposeful” in the sense of having a rational, planned basis - to improve health system performance in terms of well-defined outcomes. HSR can also be described as “Strategic” in the sense of addressing significant, fundamental dimensions of health systems.

**Health Sector Reform: Recent Experience in Nigeria**

HSR is an inherently political process, and it is often implemented on a sector-wide level. Initiatives to reform the health system has been attempted at various times in the history of the health development of the country, with a view to substantially improve the system in terms of access, coverage, quality of services and overall impact. Key changes have, indeed, been witnessed in the Nigerian health system over time (Table 1); many of these changes are sector-wide in orientation and tinkered with the fundamentals of the system such that they may rightly be termed HSR. A discussion of the various initiatives over time is beyond the scope of the present paper; rather, the focus here is on the most recent effort in the country's history, which was explicitly termed HSR. This was the reform initiated in 2003 during the

second term of President Olusegun Obasanjo, with Professor Eytayo Lambo as the Federal Minister of Health.

**Table 1: Key Changes in Health System Development in Nigeria: 1940-2011**

PERIOD	REFORM INITIATIVES
1940s	Limited Framework for Unitary Health service by the Nigerian Colonial Development Plan (NCDP)
1950s	Independent Health Systems promoted by regional governments that were somewhat parallel to the Federal government
1960s	Post-Independence, 2 <sup>nd</sup> National Development Plan with no clear role clarification for the different levels of governance
1970s	3 <sup>rd</sup> National Development Plan with the emergence of an ambitious Basic Health Services Scheme (BHSS) that was implemented between 1975 and 1980. Role clarification was also a major issue. Primary Health Care conference held in the then USSR, from September to 12, 1978 led to what later became the “Alma-Ata declaration” with the slogan “Health for All by the Year 2000.”
1980s	Following the Alma Ata declaration, more purposeful effort at scaling PHC services up. BHSS moved from Planning to Public Health and Disease Control. In 1985 the department was further divided into two viz: Department of PHC and Department of Disease Control and International Health. The National Health Policy was developed in 1988.
1990s to 2000	National Primary Health Care Development Agency [NPHCDA] established in 1992 (although key functions like MCH/FP, nutrition, essential drug, malaria control all left with the department of PHC at FMOH). A national program on immunization (NPI) was created by the Abacha administration in 1996 and immunization activities moved from Epidemiology division to NPI.
2001 – 2011	<ul style="list-style-type: none"> <li>• In 2003, a more purposeful approach to Health systems reform was initiated.</li> <li>• Revised National Health Policy, 2004</li> <li>• Development and passing of the National Health Bill.</li> </ul>

Source: Egboh, 2011

**Mission and Framework of the HSR**

The Lambo-era HSR was one of the social sector reforms undertaken by the Obasanjo administration. The explicitly stated intention regarding the HSR was “to undertake a government-led comprehensive health sector aimed at strengthening the national health system to enable it deliver effective, efficient, qualitative and affordable health services and thereby improve the health status of Nigerians as health sector's contribution to breaking the vicious circle of ill-health, poverty and under-development”. The National Economic Empowerment Development Strategy (NEEDS), which has the goals of wealth creation, poverty reduction, employment generation and value re-orientation, provided the overall national development framework for the HSR. One of the underlying assumptions and cross-cutting principles

for the HSR programme is the belief “that ill-health is a major determinant of poverty.... and addressing the health needs of all Nigerians is an important component of the country's poverty reduction strategy”.

The approach adopted for HSR initiative was systematic in nature and quite participatory. The process, originating from the office of the Health Minister himself, had an initial concept note that enunciated government's intention. A HSR implementation document, produced up by a team of experts drawn from government, academia, private sector, and civil society, outlined the key principles and technical guide for the overall reform. The process of developing the HSR technical document depended very heavily on available evidences including health statistics and extant literature as well as the experiences of other countries in HSR. The document also benefitted from the key inputs of various stakeholders at various stages during consultation processes, as well as the considerations and approval of the National Council on Health.

### **Strategic Thrust of the Health Sector Reform**

The HSR technical document outlined seven strategic thrusts:

- Improve the performance of the stewardship role of government
- Strengthen the national health system and improve its management
- Improve availability of health resources and their management
- Improve the access (including physical and financial) to quality health services
- Reduce the disease burden attributable to priority health problems
- Promote effective public-private partnership in health
- Increase consumers' awareness of their health rights and health obligations.

Within each of the strategic thrusts for the reform programme, a number of priority health sector performance issues were identified for focused interventions, because of their presumed sector-wide catalytic effects. These thrusts have been carefully selected and priority actions outlined such that the implementations of relevant activities will logically lead to improved health outcomes. The priority areas include the following: reduced disease burden (with major focus on HIV/AIDS, tuberculosis, malaria and vaccine-preventable childhood diseases), reduction in child mortality and morbidity, improved maternal health, and increased life expectancy (Figure 1) through improved health behaviour and improved service provision. The selection of priority activities was made on an evidence-based platform, taking into consideration the contribution of each group of health problems to the overall health status of Nigeria and the cost-effectiveness of available interventions. Overall, the priority focus was on the diseases and health problems that are responsible for most morbidities and mortalities among Nigerian population groups.

The HSR technical document put emphasis on re-invigorating the primary health care system as a major fulcrum for improving access and coverage of health services, alongside reducing the financial barrier to health care through the institution of national social health insurance scheme and facilitating healthy behaviour by the populace. Other emphases in the HSR initiative included increased financing for the health sector, increased financial accountability, improved governance structure for health facilities, enhanced government oversight and greater focus on public-private partnership. The technical document also provided for the enactment of the National Health Bill to foster better enabling environment. On the whole, the agenda of the HSR technical document was to positively impact the health of the greatest number of people within the shortest possible time and through a systematic approach that

fundamentally changes how the health sector performs and how the health sector operators behave.

### **Achievements of the HSR, the aftermath, and the future**

Some of the progress that have been made in the implementation of the HSR agenda include increased coverage of preventive interventions such as insecticide-impregnated nets as well as the provision of free artemisinin-based combination therapies to treat malaria in children, and improved access to HIV testing facilities and anti-retroviral therapy. There has also been an increase in the access to vaccines to protect children from major killer diseases. The take-off of the National Health Insurance Services Act in 2005 deserves special mention. The scheme is definitely improving access to services, though it has not achieved the desired coverage as rapidly as desirable. Increased resources have also been provided towards the achievement of the health-related Millennium Development Goals, such as those targeting child and maternal health, and the control of HIV/AIDS and malaria. Efforts to improve quality through enforcement of consumers' rights and improving health behaviour through behaviour change interventions are also ongoing.

The work that has been done so far with regards to the National Health Bill is also a notable achievement, despite the protracted seven years delay before the National Assembly passed it and the fact that it is still awaiting the President's assent till date. When eventually signed into law, there is hope that it will improve funding for the health sector and strengthen the governance structure for primary health care level, among others.

The Midwife Service Scheme (MSS), which was launched in 2009/2010, owes its root to the HSR in a number of ways, as it is built on the philosophy of improving access to appropriately skilled health workers and using the primary health care system as a

platform. The MSS is gradually revolutionising access to skilled attendants in some areas of the country where trained midwives have hitherto been lacking; it is thereby contributing to improved maternal and neonatal outcomes, and gaining ground for the achievement of the fourth and fifth Millennium Development Goals.

Another initiative that has come to the fore and which has the potential to take the spirit of the HSR further is the National Strategic Health Development Plan (NSHDP), which started under the leadership of Professor Babatunde Osotimehin as Health Minister. With its innovative and unifying agenda of one single health plan, one single result framework, one single policy matrix, and one costed plan, the NHSDP holds great promise for improved national health planning and effective coordination. The Plan, launched in 2010, has gained the confidence of virtually every group of stakeholders within the health sector as a result of which governments, development partners, and civil society organisations have all signed onto it. The mid-term review of the NHSDP is currently ongoing.

### **Conclusion**

The Nigerian health system has witnessed interesting and positive development in its latest health sector reform efforts. To take the reform to its logical conclusions and improve the health systems performance, it is essential that the nation keeps up the momentum and ensures fidelity in programme implementation. The result of the ongoing mid-term evaluation of the NHSDP should be used to further retool the national planning process, programme implementation and intra-sectoral collaboration. Realising that a health system, like any other system, is a set of inter-connected parts that must function together to be effective, it is important that sufficient attention be given to every building block of the health system – service delivery; health workforce; health information system; medical products,

vaccines and technologies; health financing; and, leadership and governance. Further, the logjam regarding the signing of the National Health Bill into law needs to be resolved as effectively and as soon as possible to enable it contribute to the strengthening of

the national health system. More than anything, the commitment and cooperation of every group of stakeholders is key to moving the Nigerian health system forward.