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Eliminating Barriers to Accessing Healthcare through Public-Private Health Sectors Collaboration and Resource Utilization for Achievement of Efficiency in Nigeria's Educational System

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Abstract

Collaboration occurs when two or more independent sectors willingly work together for a common course to achieve a goal. Health and education are interconnected: Good health status cannot be attained without knowledge of health promotional activities acquired through education. Likewise, knowledge cannot be acquired without physical, mental and social stability. This implies that, positive health is attained when all the three dimensions are met. However, due to so many factors ranging from economic, political, cultural, religion and many others, it is difficult for an individual to be completely healthy. Public and private healthcare facilities exist to provide health promotional, therapeutic and rehabilitative care, including primordial services through community social responsibilities to ensure individuals and families are free from diseases that would hinder them from learning. This is because effective teaching and learning can only take place when the teacher and learner are at reasonable state of wellbeing. Ability to access healthcare has a profound effect on overall health. Poor access to healthcare results in higher morbidity and mortality. Barriers to healthcare could be individual-base, government-based or system-base. This paper considers strategies to eliminate barriers to accessing healthcare through public-private health sectors collaboration as means to achieving efficiency in educational sector.

Keywords: eliminating, barriers, healthcare, public-private, collaboration, resource utilization, efficiency, educational sector

Introduction

There is no demarcation between health and education. Positive health is achieved through education and the ability to withstand the rigors of education is by being in complete state of wellbeing. Hence health is a pre-requisite for education and education is needed to achieve health (Hahn & Truman, 2015). Adopting the WHO 1948 definition of health, Syalastog et al. (2017) noted that health is a relative state in which one is able to function well physically, mentally, socially, and spiritually to express the full range of one's unique potentialities within the environment in which one lives. Physical wellbeing focuses on the proper functioning of the organs of the body and requires both medical and non-medical interventions, mental and social wellbeing basically require non-medical interventions, except in cases of deviation from normal like in mental illnesses. Likewise, the three domains of education; cognitive, affective and psychomotor can effectively be applied if the individual's health is in a state of equilibrium. The health care system exists in order to provide services that culminate to ensure complete state of wellbeing of individuals, families and communities. The health care system includes both private and public health owned facilities and personnel. The private facilities exist mainly as a business for profit making while the government facilities exist to provide services to the public at a minimal cost using the revolving fund system to ensure continuity. Challenges facing the public health sector such as lack of consumable working materials, equipment, personnel, lack of commitment, industrial actions etc, makes the system unreliable. These challenges are not faced by the private health sectors because, their existence is profit-oriented, the owners ensure that human and material resources needed to provide services are not lacking, as they are sure of return on investment.

There is a wide demarcation between the private and public health sectors in meeting the health needs of the population arising from the divergent objectives, thus posing a challenge to accessing healthcare. Barriers to health care are factors that prevent an individual, population, and/or community from acquiring access to health services and/or achieving best health. Such barriers include race, ethnicity, gender, sexual orientation, intellectual and physical disability, location, age, language, national origin, incarceration status, religion and cultural beliefs, socioeconomic status, and health literacy and ability to access information (Butkus et al., 2020).

The fact remains, that health is paramount, a universal basic need, unique and cannot be equated to anything else in the economy. Based on this, are there areas in which the public and private health sectors can collaborate to eliminate these barriers to accessing healthcare so as to promote health and wellbeing for efficient academic performance? This paper explores some of the areas.

Education is a human right, which is state's responsibility, but not exclusively. Private involvement is required to increase resources (finance, personnel and material) committed to education to support the state in order to absorb growing demands for education (National Academy of Sciences, 2015). On the learner's perspective**,** Basch (2018) asserts that the educational benefits derived from both curricular and extra-curricular activities in schools are limited unless the students are motivated and able to learn. Basch identified seven relevant conditions with health disparities namely; vision, asthma, teen pregnancy, aggression and violence, physical activity, breakfast and inattention hyperactivity that greatly influence students' motivation and ability to learn. In the same vein, Basch conceptualizes education beyond attainment and demonstrates centrality of the schooling process to health. The author's views imply that the state of health of an individual is a motivating factor to attainment of educational achievements.

Corroborating the above views, Enyia and Emelah (2022) assert that for educational system in Nigeria to achieve its objective of self-sufficiency, sustainability, scientific and industrialization, Public Private Partnership intervention (which also means collaboration) should be considered most. Grazzini and Petretto (2014), emphasize the peculiarity between education and health that justifies public intervention on efficiency as they are multi-dimensional services. It therefore requires active collaboration among the public and private health sectors to alleviate challenges to education in order to put the individual in a favourably disposed learning condition. Possible areas of collaboration are as outlined below.

1. Efficient referral system: A free-flowing and organized referral system is important for prompt treatment. Referral could be one-way or two-way depending on the nature of the case. However, two-way referral is most preferred as it guarantees feedback which is not obtainable in the one-way referral public and private health facilities could collaborate in this aspect by linkage. This can be achieved by creating a directory of health facilities (private and public) and type of services each of them provide. Each health facility should possess the directory in hard copy and also be made available online for easy access. There should be a policy of no-case-rejection. This is emphasized here. Any case referred from one facility to the other will be taken up promptly for treatment without delays.

2. Eliminating mandatory out of pocket payment in medical emergencies: Most deaths that could have been averted occurred due to demand for payments before providing services. Result from Multidimensional Poverty Index (MPI) survey has it that, the population of Nigerians living in poverty is 63% (133 million people), according to National Bureau of Statistics (2022) among a population of 223,499,836 (World Population Review, 2023) at the ratio of4:10 (World Bank, 2022). This means that 4 out of every 10 Nigerians live below the national poverty line. These are either students or the parents who sent them to school. They are also among those affected by multiple health-related issues. This population waste time in seeking health care or do not seek health care at all because of lack of money to make out of pocket payment. Private and public health service providers can eliminate this barrier by softening this rule. Patients can also be given a platform of paying in instalments after treatment.

3. Affiliating the tertiary institutions social health insurance programme to both private and public health facilities: Tertiary Institutions Social Health Insurance Program (TISHIP), is a programme in the National Health Insurance Authority (NHIA) meant for students in tertiary institutions. This program can be obtained by all learners and teachers not only in selected tertiary institutions, but in all tertiary institutions, in private health facilities and public health facilities. This is to ensure that the participants (teachers and learners) access healthcare not only when the institutions are in session but also during the holiday periods when the participants are in their homes and can attend the facilities close to them. According to Ramalingam et al. (2023) in their study on the effect of health insurance status on school attendance revealed that unadjusted odds of chronic absenteeism were found to be 16% (OR=1.16) higher in children without insurance or with gaps in insurance compared to children with consistent insurance throughout the year and concluded that the disparities in health insurance status among children may exert educationally relevant consequences. This implies that health insurance coverage is a means to which the gap in educational disparity can be bridged for educational efficiencies.

4. Extending health insurance to secondary and primary levels of education linked to school health programme: In Nigeria, the National Health Insurance prgramme does not cover all citizens. According to Akor (2023), a survey conducted by NOI polls revealed that only 17% of Nigeria's population has health insurance coverage. In fact, the awareness rate is still very low. Initiating the health insurance scheme at this lower level of education will improve health seeking behaviours of the student population and early detection of health challenges that could pose difficulty in learning.

5. Provision of medical consultancy services: Irrespective of practitioner's primary place of employment (whether public or private), Medical Professionals can provide consultancy services when called upon anywhere.

6. Scaling up donor agencies' participation in healthcare: This is mainly private health sector based. In the Nigerian health system, the public-private partnerships initiative has been a financing strategy to mobilize funds for infrastructural development and service provision to improve public health activities/services, or the management of public sector health resources. It can go beyond this, to donation of high level and sophisticated diagnostic equipment and machines. Most diagnostic machines and accessories are very expensive. This has also affected the cost of carrying out investigations. Investigations like MRI, cardiac echogram and many more are very expensive. If these machines are donated, it will reduce the cost of investigations.

7. Appropriate citing of health facilities: One of the reasons for non-utilization of health facilities and poor health seeking behaviour is distance from the facility to where the people (consumers) reside. When health facilities are far from the people, so many things are put into consideration before deciding to access the services. Most important factor considered is cost of transportation. According to Grazzini and Petretto (2014), healthcare includes all those goods and services aiming at improving health or preventing its deterioration, such as primary and specialized healthcare, hospitalization, and pharmaceuticals. These must be provided at facilities accessible to the consumers. The average rural or urban dweller would prefer to visit nearby health facilities when they are ill. This will not only save cost, but would also save the man hour and energy which can be converted to other uses. Long distance to health facilities has also contributed to many lives being loss in cases of emergency.

Many private facilities are clustered in a particular area because the human population in that area is large and perhaps of high socio-economic status, while the general, specialist and teaching hospitals that are public owned are mostly located at the outskirts of the community because it requires a larger land mass. The health centres however have helped to bridge this gap between the people and the secondary/tertiary health facilities to a certain extent. However, these health centres are limited in the type of services provided. A good rule of thumb is to locate health facilities within 20 minutes of the residential area (Javier, 2020). This can also be adopted by the private health practitioners in citing their facilities so as to avoid delays in accessing health due to distance. This way health challenges that could impede academic performance would be averted.

8. Avoidance of Monopoly: Health practitioners should see healthcare as a collaborative effort. As the human body is made of systems which must function together to achieve optimal health and wellbeing, so is the health system which is composed of organisations, people and actions aimed at delivering health services to the population. According to Asogua and Odoziobodo (2016), the interface between activities of the public and private sectors on one hand and between health institutions in the public sector on the other is limited in the present institutional arrangements of the national health system. Therefore, the National Health Policy strongly recommends an increased participation of the private sector in provision and financing of healthcare services (FMOH, 2004 in Asogua & Odoziobodo, 2016).

Also, Hahn and Truman (2015) advocate that collaboration between .public health policy makers, health practitioners and educators, departments of health and education to implement educational programmes and policies for public health benefits**.** This calls for increased involvement of health providers, faith-based organisations and individuals whether they exist for-profit or not-for-profit in the delivery of healthcare services. All these units are relevant to providing efficient health services. None should dominate the other.

9. Healthcare subsidy: Lack of fund to pay for health services is a major factor in non-utilization of health services. Many people are encumbered with chronic ailments because of inadequate treatment through self-medication or patronage of quarks. In this chronic state of health, they cannot withstand the rigours of education. Subsidizing healthcare will improve the citizens' health seeking behaviour. Healthcare will be sought promptly to avoid chronicity. It is not about health insurance which requires payment of premium. Health subsidy is about taking away completely a certain percentage of cost of treatment especially for the low income and non-income earners. Health subsidy can also mean providing completely free treatment for terminal diseases like cancer, diseases requiring organ transplant or replacement, dialysis, amputation and any handicapping condition. Management of organ laboratories should be subsidized by public-private participation. To avoid discontinue education because of ill-health coupled with lack of fund to meet up educational needs, the subsidized portion of the health services can be channelled to take care of the educational needs. Medical subsidy can also be achieved by deploying students undergoing medical training with some level of experience to penurious areas where they can provide free and accessible health services to the population.

Telehealth: Telehealth is an innovation in healthcare propelled by the use of electronic devices to deliver services. Health professionals are able to monitor and communicate with their patents wherever they are. It has the advantage of reducing consultation and waiting time in the out-patient clinics. It also enable patients monitor their health conditions and report appropriately. Using telehealth in rural areas to deliver and assist with the delivery of healthcare services can reduce or minimize challenges and burdens patients encounter, such as transportation issues related to traveling for specialty care and also improve monitoring, timeliness, and communications within the healthcare system (Stevens, ND). Students attending schools in rural areas where physical facilities are lacking can assess health care through telehealth. Public and private health providers can the telehealth technology to effect referrals.

10. Establishing co-existing health facilities: This means providing a space (premises or building which has a space for provision of healthcare services and space for other non-health services. To achieve efficiency in education, health care facilities can be cited in premises where academic activities at primary, secondary and tertiary levels are taking place. These health facilities can also serve as demonstration clinics for pupils and students. Beginning demonstration clinical exposure from primary level guarantees early career guidance for a child whose area of interest is health-related. Only few tertiary institutions have health facilities attached to them. At the primary and secondary levels, it is called school health clinics, provided by nurses or community health extension workers. At the colleges, it is a demonstration clinics manned by nurses, midwives, community health extension workers and a medical doctor and in the universities it is a teaching hospital manned by all

cadres of health personnel with consultants in different fields of healthcare. These facilities co-exist with the primary or secondary schools, colleges of health and universities accordingly.

11. Training of Skilled Health Personnel: Both private and public health sectors can be involved in training health personnel that would provide needed health services to the populace. Trainee health personnel can be deployed to private health facilities for industrial training. Where the public health facilities are lacking the necessary training laboratories, the private sectors can augment. Trainee health personnel can also benefit from private medical libraries where the public-owned are insufficient. This will improve quality of training and number of health personnel for quality services delivery.

12. Support of Training Health Institutions: Institutions involved in training of health workers need adequate financial and material support. The quality of training received is directly proportional to the quality of health services to be provided. According to Reddy et al. (2013), the role of private-public partnership in health education is integral to the effort of promoting a healthier population thus the concept has been proposed as a potential model for providing education services. In their study to survey the practices of Private-Public Partnership (PPP) in health education in India among 50 personnel from private entities, result showed, that some of the services provided to the public to enhance health education were printed books, audio visual materials (slides, videos, audio cassettes), lend pamphlets and broachers, and information about oral health among others. Active support is required for quality educational achievements.

Conclusion

Education and health are basic human right which cannot be compromised. To be healthy one needs to acquire knowledge and skill regarding activities for healthy living and to acquire knowledge and skill, one must be in health. Barriers to health are key factors to not achieving educational goals. Because of the enormous resources required to overcome these barriers, private and public health sectors' collaboration is of essence to minimize the financial burden on the populace and to improve health seeking behaviour. Areas of collaboration as explained in this paper are effective referral system, training of health personnel, citing of health facilities, consultations, health insurance and others. The call for collaboration is because the state alone cannot satisfactorily eliminate these health barriers, and not eliminating them impairs learning.

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