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FACTORS MILITATING AGAINST THE ACHIEVEMENT OF A UNIVERSAL HEALTHCARE SYSTEM IN NIGERIA

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Abstract

The healthcare system is an essential and delicate institution which requires being obtainable at any level of government in the country. Unfortunately, many human societies in Nigeria have been deprived of or suffered greatly from accessing healthcare services. The study, therefore, explores the factors militating against the achievement of a universal healthcare system in Nigeria. Its objective was to examine the factors against achieving a universal healthcare system and coverage in Nigeria. Data herein are secondary, with some obtained from available literature and content analysis of various reports and research findings. The study adopted the historical development of the healthcare system and the State of the Nigerian healthcare system. The study concluded that political instability, corruption, low coverage of the National Health Insurance Scheme, and Inadequate Healthcare Facilities and Manpower were among the major factors that militate against achieving a Universal healthcare system in Nigeria. The study recommends that necessary steps be taken to ensure all individuals obtain equal access to quality healthcare services within the country. It also recommends that budgetary allocation must be deliberately increased to meet global standards in the healthcare sectors.

Keywords: Health, Healthcare Services, Universal Healthcare

1. Introduction

Health is a much cherished but often misunderstood concept in health discourse. Most individuals are concerned with hospitals and drugs, seldom referring to the conditions that make drugs and hospitals necessary. The medical and materialistic conceptions of healthcare are two of the contending paradigms medical practitioners have come up with to fully grasp the concept of healthcare. The Medical Model frequently conceives health as a medical issue reduced to providing medical care. This concept derived its epistemology from developments in the works of Isaac Newton and Rene Descartes, i.e. developments in physics and mathematical sciences. However, the works of these two became the fulcrum and the basis of a qualitative and geometric description of the material world and human beings that micro bacteriology began to receive much attention (Turshen, 1977, pp. 13-14). The bio-medical model, as it has come to be known and accepted, now regards health as a bio-physical malfunction of the body which disrupts the body's equilibrium caused by germs and other bacteria.

The concentration of medical practice on the 'germ theory of disease' and the spectacular successes of physiological medicine on the "body's internal environment" enabled an understandable tendency to view medicine as an almost purely biological science. Nevertheless, paradoxically, the very success of this 'laboratory tradition' created the need for the approach to be rethought. The conquest of the major epidemic communicable diseases has radically altered morbidity patterns so that modern medicine faces the less acute but no fewer demanding problems of chronic degenerative disorders. This change in the disease pattern has allowed attention to re-focus on the social concomitants of

illness, its presentation, and its management (Robinson, 1973).

The materialist conception of health care is anchored on the assumption that health is part of society, is experiential and holistic, and cannot be bought or sold. It sees humans as the basis of both the forces of production and the relations of production in any society, and therefore, appropriate human organismic conditions, essentially health, can only be understood in the concrete text of the particular mode of organization of production and the dialectical relationship between the productive forces and relations. Health care in this regard cannot be separated from the political and economic conditions under which people live, meet or fail to meet their daily needs and reproduce life (Turshen, 1977a; Navarro, 1976).

The universal healthcare system in Nigeria has been plagued by several social, economic, cultural, and political factors which have continued to truncate and militate against the achievement of effective universal healthcare coverage for all individuals in the country, primarily because Nigeria adopted and is utilizing the out-of-pocket model in providing citizens healthcare. In this instance, Healthcare Insurance is limited or non-existent, and this system is neither free nor universal. Cambodia, Chad, Armenia, and Nigeria are a few countries that still adopt this model of healthcare provisioning. Health Sociologists are interested in studying the interplay between social facts and social structures, as opined by Emile Durkheim, hence the necessity for an incursion into the subject of universal healthcare and its challenges in Nigeria and proffering recommendations to better the healthcare system in Nigeria for better health outcomes.

Healthcare systems and the provision of healthcare services in Nigeria are concurrent responsibilities of the three tiers of government. However, because Nigeria's economy is mixed, private healthcare providers have a visible role in healthcare delivery. The federal government's role is mostly limited to the tertiary health systems comprising the federal university, teaching hospitals, and medical centers. While state governments manage the general hospitals, local governments focus on primary health care centers and dispensaries, usually regulated through NAFDAC. As a result of these separations of responsibility, Nigeria's healthcare facilities need to adequately yield the desired results considering the growing population of the citizens and an overstretch of social and medical facilities in the country. Adeyi (2016), posited that:

> *Fifty-five years after independence, indicators of Nigeria's health outcomes and coverage of basic health services show underperformance, both in absolute terms and relative to other counties at similar levels of economic development.*

Certain parameters must be implemented to guarantee a stable, affordable, available, and accessible healthcare system. The absence of inadequacy of these parameters has continually become the bane to achieving the universal health care system in Nigeria.

Statement of the problem

The health care system is an essential and delicate institution which requires being obtainable at any level of government, such as local, State, and federal, including villages in the country. Unfortunately, many human societies in Nigeria have been deprived of or suffer great access to healthcare services leading to preventable fatalities in some instances due to the inadequacy of healthcare facilities which in most instances are not available, affordable, and accessible in many parts of the county. The Sociological questions necessitating this study are: why do political leaders and wealthy individuals prefer to fly abroad for treatment whenever they fall sick? Why do we continually have a retrogressive healthcare infrastructure, especially in rural areas and towns? Why is it that in some, if not all, cases, there are no drugs, a phenomenon known as out-of-stock syndrome (OS)? At the same time, there is a dearth of qualified medical and Paramedical personnel in Nigeria, and the experiences of brain-drain among medical workers. It is against this background, therefore, that this paper attempts to explore the factors militating against the achievement of a universal, holistic, and sustainable healthcare system and coverage in Nigeria.

The objective of the Study

This paper examines the factors responsible for achieving a universal healthcare system and coverage in Nigeria.

2. Literature Review

2.1 Conceptual Issues

Concept of Health: Health can be defined as a relative state in which one can function well physically, mentally, socially, and spiritually to express the full range of one's unique potential within the environment in which one is living. However, current views of health and illness recognize health as more than the absence of disease. They realize that humans are emotional beings whose State of health can change from day to day or even from hour to hour. Therefore, medical sociology literature suggests that it is better to consider each person as located on a graduated scale or continuous spectrum (continuum) ranging from obvious dire illness through the absence of discernible disease to a state of optimal functioning in every aspect of one's life.

Concept of Health Care System: The health care system is an organized plan of health services. The term usually refers to the system or program by which health care is made available to the population and financed by the government, private enterprise, or both. (https://www.medical-dictionary). In a larger sense, the elements of a healthcare system embrace the following:

i. Personal health care services for individuals and families, available at hospitals, clinics, neighborhood centers, and similar agencies, in physicians' offices, and the clients' own homes;

ii. The public health services needed to maintain a healthy environment, such as control of water and food supplies, regulation of drugs, and safety regulations intended to protect a given population;

iii. Teaching and research activities related to the prevention, detection, and treatment of disease; and

The healthcare system, according to Priest (1992), is the method by which healthcare is financed, organized, and delivered to a population. It includes issues of access (for whom and to which services), expenditures, and resources (healthcare workers and facilities). The goal of a healthcare system is to enhance the population's health in the most effective manner possible in light of a society's available resources and competing needs. World Health Organization (WHO) posited that a health system consists of all organizations, people, and actions whose primary intent is to promote, restore or maintain health. These include efforts to influence determinants of health as well as more direct activities that improve health. A health system is, therefore, more than the pyramid of publicly owned facilities that deliver personal health services, but includes the institutions, people, and resources involved in delivering health care to individuals. For example;

i. A mother caring for a sick child at home;

ii. A child receiving rehabilitation services within the school setting;

iii. Individual access to vocational rehabilitation services within the workplace;

iv. Private providers and behavior change programmers, such as vector-control campaigns.

v. Health insurance organizations and occupational health and safety legislation include inter-sectoral action by health staff. For example, they encourage the Ministry of Education to promote female sex education, a well-known determinant of better health outcomes for women's development.

Health Care System in Nigeria

Various administrations have made many efforts to maintain, improve and sustain Nigeria's healthcare system. Aregbesola and Khan (2017) stated that in 1960, there needed to be a stronger focus on health systems development. However, policymakers and political actors tried to establish and expand healthcare infrastructures with more emphasis on curative medicine rather than preventive medicine. The healthcare system is an essential ingredient for human development. However, despite the efforts of the policymakers and political actors towards improving the healthcare system in the country, presently, most of the healthcare facilities

in Nigeria cannot provide essential healthcare services, in addition to having issues such as poor staffing, inadequate equipment, poor distribution of health workers, poor quality of healthcare services, poor condition of infrastructure, and lack of essential drug supply (op cit).

The Development of Health Care System in Nigeria

It was clear that health issues and services are not a new phenomenon, as humans and animals exist on earth. The development of health care systems is the body of people, organizations, and capital that deliver health care services to meet the health needs of a target population. The essential purpose of health care is to uplift the quality of life by enhancing health and providing essential services to relieve pains, stress, and trauma acquired in the course of life.

From the available literature, the earliest modern-style health care in Nigeria was delivered by doctors brought by travelers and traders to cater to their health needs and well-being. At that time, the services were not accessible to the indigenous population. However, the Christian missionaries first established health care services for the people. On the history of healthcare facilities, Emuakpor (2016) opined that:

> *It started when the first healthcare facility in the country was a dispensary opened in 1880 by the Church Missionary Society in Obosi, followed by others in Onitsha and Ibadan in 1886. However, the first hospital in Nigeria was the Sacred Heart Hospital in Abeokuta, built by the Roman Catholic Mission in 1885.*

Similarly, the Library of Congress (1991) posited that: "Western medicine was not formally established in Nigeria until the 1960s when the Roman Catholic Missionaries introduced the Sacred Heart Hospital in Abeokuta". For Western medicine to be accepted by Nigerians, the missionaries played an important role in medical training and education, providing training for nurses and paramedical personnel and sponsoring basic education and advanced medical training, often in Europe for many of the first generations of Western-educated Nigerian doctors. Furthermore, the general education provided by the missions for many Nigerians helped lay the foundation for wider distribution and acceptance of Nigeria's modern health care system.

Despite the effort put forward by the Church Missionary Society, many of the healthcare facilities in Nigeria were concentrated in one part of the country than the others. To buttress this point, the Library of Congress (1991) stated that by 1979, there were 562 general hospitals, 16 maternity and pediatric, 11 armed forces, six teaching hospitals, and three prison hospitals. However, the ownership of health establishments was divided among the federal, State, and local governments and there were privately owned facilities. The table below describes the problem of geographical misdistribution of medical facilities among the regions and why the inadequacy of Nigeria's healthcare distribution of facilities persisted.

Table 1:Misdistribution of Medical Facilities in Nigeria

Year	People Per Hospital Bed	Region	States
1980	3, 800	North	Borno, Kaduna, Kano Niger and Sokoto
	2,200	Middle Belt	Bauchi, Benue, Gongola, Kwara & Plateau
	1, 300	Southeast	Anambra, Cross River, Imo and Rivers
	800	Southwest	Bendel, Lagos, Ogun, Ondo, & Oyo

Source: Library of Congress

In another Misdistribution, there were also significant disparities within each region within the country. For instance, in 1980, there were an estimated 2,600 people per physician in Lagos State, compared with 38,000 per physician in the much more rural Ondo State. Ityavyar, (1980) in a comparison of the distribution of hospitals between urban and rural spaces found that: whereas approximately eighty percent of the population of those states lived in rural regions, only forty-two percent of the hospitals were located in those areas. In recent literature, Odeyi (2016) posits that fifty-five years after independence, indicators of Nigeria's health outcomes and

coverage of basic health services show underperformance, both in absolute terms and relative to other countries at similar levels of economic development.

Adeyi (2016) identified five factors that contribute to the underperformance of Nigeria's healthcare system.

i. Historical lack of a consequential and voter-sensitive compact between the government and the population;

ii. Unintended consequences of policy design compounded by the problem of execution;

iii. Absence of an institutionalized function of evidence-based planning, research, and statistics to inform policies, enable rational resource allocation choice, and make explicit the performance of the healthcare outcomes at all levels.

iv. Nigeria's approaches to health financing are too driven by inputs such as the number of health care centers built, the number of health workers trained and deployed, and the quantity of equipment purchased, with relatively little attention to outcomes, incentives, prospective evaluation, and factors that lead to major variation across and within geographic zones of the country.

3. Methodology

The study was carried out through a literature search and review of past studies relative to this work. Databases were searched for relevant literature using the following keywords: Nigerian health care, Nigerian health care system, universal healthcare and Nigerian primary health care system.

4. The State of the Nigerian Health Care System

Nigerian health care suffered numerous setbacks. Despite Nigeria's strategic position among other African nations, the country is greatly underserved in the healthcare sector. Health facilities such as health centers, personnel, and medical equipment must be improved in the country, especially in rural areas (Osain, 2011). In the communique of the 2009 Nigerian National Health Conference, participants came to the verdict that;

> *The health care system needs to be stronger as evidenced by lack of coordination, fragmentation of services, dearth of resources, including drugs and supplies, inadequate and decaying infrastructure, inequity in resource distribution, access to care, and very deplorable quality of care. The communique further outlined the need for more clarity of roles and responsibilities among the different levels of government to have compounded the situation* (Osain, 2011).

Similarly, the development and the current State of the health system have been greatly influenced by the structure and politics of the Nigerian State. With similar history and political structure, the efficiency is lower than the Ghanaian health system Ogaji and Brisible (2015). The Library of Congress (1991) identified some conditions of health care in Nigeria as follows:

i. As government hospitals deteriorated, medical personnel, drugs, and equipment were increasingly diverted to the private sector.

ii. Many types of drugs were not available at the hospital pharmacy; those that were available were usually dispensed without containers, meaning the patients had to provide their own.

iii. The inpatient wards were extremely crowded; beds were in corridors and even floor mattresses.

Similarly, Aregbeshola (2019) posits that political Instability, corruption, limited institutional capacity, and an unstable economy are major factors responsible for Nigeria's poor development of healthcare services.

The work of Nwachukwu (2021) points out other situations threatening the health care system in Nigeria as follows:

i. Inadequate funding is just one of the multi-faceted challenges plaguing healthcare delivery in Nigeria;

ii. The shortage of specialist medical personnel is further compounded by the mass migration abroad of Nigerian-trained health professionals due to poor condition of services and worsening insecurity in the country;

As a result of these situations, World Health Organization (2021) ranks Nigeria's healthcare system as the fourth worst in the world. To avoid the various threats and communication lapses to strengthen the healthcare workforce, planning, management, and training can positively affect the health sector performance, providing healthcare services that require timely and accurate medical information from a wide range of sources.

Factors that Mitigated the Achievement of a universal healthcare System in Nigeria

Among the various factors impeding the achievement of the universal health care system in Nigeria includes:

a. Political Instability: it has been sociologically argued that in most developed climes, the economy controls the political space, while here in Nigeria, it is the other way around. Those who control the political space tend to control all other sectors of society, including healthcare. However, and unfortunately, due to the frequency of change of government either through the ballot (elections) or the gun (coup-de-tat), healthcare development policies are either not implemented fully, or not implemented at all in situations where a different party comes to power, forgetting that governance is a continuum.

Medical infrastructure and healthcare systems must pay more attention to this as their investment is minimally low. The insufficiency in terms of funding to the health care sector has led to a situation whereby the political class in Nigeria and their family members have usually flown abroad for treatment and medication over ailments that could have been treatable within the country but due to infrastructural decay, and they would rather go on medical tourism. At the same time, most of the poor are left at the mercy of fate.

b. Corruption: Corruption in Nigeria has been a major cause of the dysfunctional and inequitable healthcare systems. Those divert medical supplies given the responsibility to secure them, leading to the "out of stock" syndrome in most public healthcare facilities. This situation has continued to erode public confidence and trust in the functionality of public health care systems in Nigeria.

c. ***Low Coverage of the National Health Insurance Scheme:*** After several attempts at implementing legislation on health insurance, it was eventually launched only in 2005 to ensure access to quality healthcare services, provide financial risk protection and reduce the rising cost of healthcare services. The scheme was also intended to provide healthcare services for children under five years, prison inmates, disabled persons, and the elderly. However, most vulnerable groups cannot access the scheme due to its financial implications, hence retorting to traditional and alternative medical practices. Data from the Nigerian Demographic Health Survey (NDHS, 2013) reported that over 60% of women in Plateau, Bayelsa, and Niger states aged 15-49 deliver their babies home without antenatal care visits. The report stated further that in rural areas, about 76.9% of women give birth at home rather than in a health facility. The National Health Insurance Scheme reportedly covers less than 5% of the Nigerian Population 18 years after it was started leaving the most vulnerable populations at the mercy of healthcare systems that are not affordable, as about 70% of the Nigerian population is considered poor and cannot afford the out-of-pocket expenses to acquire treatment in healthcare facilities hence the resort to patronize traditional medical practitioners whose services are more affordable and available.

d. ***Inadequate Healthcare Facilities and Manpower:*** Reports indicate that resources allocated to the healthcare sector are skewed in favor of secondary and tertiary healthcare facilities, mostly situated in urban cities, rather than the primary Healthcare facilities in the rural areas where the majority of the population reside. It is also reported by the Nigerian Medical Association that there were only 40,000 doctors in an estimated population of 200 million. The number of physicians in the country has been declining as many medical workers have migrated to other countries where the standard of living and their take-home pay is relatively commensurable. Many countries worldwide have Nigerian healthcare-trained personnel manning their hospitals and providing exceptionally excellent medical services to patients. The latest data from the World Health Organization (WHO) reveals that Nigeria's Physician to patient Ratio is four

doctors per 10,000 patients, thereby prolonging the patients-waiting time before they can access a doctor. It was also reported that the average hospital bed per 1000 people is 0.9, far less than the global average of 2.3. While its intensive care unit (ICU) beds for emergencies are estimated at 0.7 per 100,000 people. The hospital beds include inpatient beds available in public, private, and specialized hospitals and rehabilitation centers. These factors and several others have continued to constitute a clog in the wheel of progress concerning attaining or achieving universal healthcare systems in the country at all levels. It, therefore, behooves the government to infuse more resources into the sector to revamp the ailing healthcare systems and reduce the cases of medical tourism and mortality in general since most deaths in the country can be traced to preventable diseases.

Conclusion and Recommendations

From those mentioned above, it is safe to say that the Nigerian healthcare system is in dire need of urgent measures to revive its confidence among the people who utilize the healthcare systems in the country. Nigerian Healthcare system is almost comatose due to the inability of those providing funding for health infrastructure to do due diligence to their expected duties related to healthcare provisioning. The budgetary allocation for healthcare systems is only 5.75% of our national budget, which is far lower than many countries, even in Africa, which negates the Abuja Declaration in April 2001, where the country and other African countries in attendance had committed to ensuring 15% of its budgetary allocation goes into healthcare financing. This situation explains why there needs to be more healthcare infrastructure and training for professional health workers in the country.

Any form of Health Insurance has to cover more than 65% of the Population in Nigeria. Nigeria still needs to catch up in ensuring health equity, as the richest people still have far more access to key PHC services than the poorest. Hence this study recommends that necessary steps be taken to ensure all individuals obtain equal access to quality healthcare services within the country. The budgetary allocation must be deliberately increased to meet global standards. There must be deliberate efforts to induce more qualified individuals to reduce the skilled migration of medical and health workers from Nigeria whose services are well paid for outside the country. At the same time, they face debilitating work conditions and remunerations in Nigeria.

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