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The Notion of Nigerian Healthcare System Management

Oyeranmi Samson Gbolahan

Department of Management and Economics, Pitirim Sorokin Syktyvkar State University, Russia

Oktyabrskiy Prospekt, 55, Syktyvkar, Komi Republic, Russia

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Abstract

Nigeria covers an area of 923,678 square kilometers and is one of the largest countries in Africa. It borders Benin to the west, Cameroon to the east, Niger and Chad to the north, and the Atlantic Ocean to the south [1]. It is found in the tropics along the Gulf of Guinea in West Africa, between 4°1' and 13°9' N and 2°2' and 14°30' E [2]. Nigeria is the most populous country on the African continent, with 225 million inhabitants and an annual population growth rate of 2.47%. The population is predominantly younger, with approximately 45% under the age of 15 and 20% under the age of 5, and women of childbearing age (15-49) make up about 22% of the total population [3, 4].

Harmonious with my research, Nigeria has a gross domestic product (GDP) of 2085 US dollars per capita [6]. Nigeria is listed as one of the poor counties in the world. Nigeria is undergoing social development. Therefore, 48% of the nation's population resides in rural areas, and most Nigerian citizens living in rural areas are considered poor [7]. Based on the year 2020 statistic reports, the maternity ratio is 5.4 per 1000 live births. The infant mortality rate is 54.7 per 1000 live birth, mortality under five years is 90.2 per 1000 live birth, and life expectancy in Nigeria is 55.8 years for both sex combined [8].

This research paper reviews the notion of healthcare system management in Nigeria. This study highlights Nigerian healthcare problems, private and public healthcare, health finance, human resources for health, leadership and governance.

Keywords: Healthcare system, government of Nigeria (GON), national health insurance scheme (NHIS), out-of-pocket, healthcare, health maintenance organization (HMO).

Highlights

- To investigate and examine the significant health problems in Nigeria
- To review the procedure of personal and public healthcare
- To evaluate the possibilities of health financing in Nigeria
- To study Nigerian human resources for health
- To check the Nigerian healthcare system model
- To evaluate Nigerian leadership and governance

Introduction

The Federal government of Nigeria has to regulate healthcare standards and make policies [10]. The Federal government is responsible for regulating the healthcare system and rendering health services at the tertiary healthcare level [9]. The tertiary hospitals provide healthcare services for significant types of disease and sickness treatment. The Federal government of Nigeria manages tertiary healthcare services via teaching hospitals and specialist hospitals [11].

The Nigerian Federal Ministry of Health coordinates tertiary healthcare facilities and services [12, 80]. The Nigerian Federal Ministry of Health has 8 departments; 5 vertical control programs; 3 research institutes; 5 agencies, not excluding the National Health Insurance Scheme and National Primary Healthcare Development Agency; 53 federal health institutions; and various professional regulatory councils [13, 78, 79] (Table 1).

Sector (Private or Public)	Type of facility	Nature of employment	Category of service delivery	Problems
Private	Nongovernmental organization	Consultancy	 Promotion of high-quality care and support from the health system Management of health services Providing services. Advancement of primary healthcare research 	Healthcare financing issues
Public	Primary healthcare centers	Most jobs in local government and public healthcare facilities are permanent	 Pregnancy care Skilled attendance at birth Feeding of babies and young children Community-based management of acute malnutrition Vaccinations, as well as vitamin A supplements Prevention of transmission from mother to child Illness in children is managed holistically 	 Geographic proximity to service locations Inadequate state-of-the-art medical equipment Healthcare financing issues Lack of available qualified personnel High rates of abandonment among medical students

Table 1. Organization and delivery of public healthcare services in Nigeria

The state government coordinates secondary healthcare. Secondary healthcare renders outpatient and inpatient services of hospitals [14]. Patients are mobilized from primary to secondary healthcare facilities for particular treatments. Local government healthcare departments and secondary healthcare facilities receive support from the State Ministry of Health [15]. It is mandatory for every state in Nigeria to have a primary healthcare board with a state-level body and management team [16]. The board members are expected to serve their community's official, political, professional and social well-being interests (Table 1).

Primary healthcare is the basis of the national healthcare System. Primary healthcare is the entry point of healthcare services, consisting of clinics, health posts, and health centers that provide essential care services. The local government coordinates the primary healthcare services [17].

Methodology

In 1999, the Nigerian national health insurance scheme (NHIS) was introduced to provide universal health coverage for Nigerian citizens [18, 76, 77]. According to 2020 statistics reports, less than 10% of the Nigerian population is engaged in the national health insurance scheme. Payment for healthcare services is highly out-of-pocket for most Nigerian people [19, 72, 73]. Nigerian federal civil services employees are involved in the national health insurance scheme [20]. A high percentage of Nigerian citizens in non-governmental sectors should benefit from the national health insurance scheme. The health insurance stakeholders like health maintenance organizations (HMOs) and the federal health insurance scheme (NHIS) are demanding legislation that will make sure employers with over ten employees provide health insurance [21, 74, 75] (Figure 1).

STAKEHOLDERS National Health Federal Insurance Scheme government National Primary Health Health Maintenance Care Dev. Agency Organizations (HMOs) (NPHCDA) State Ministries of NGO's & development Health (SMOHs), 37 partners Local government Donors areas (LGAs), 774 Ward Health Authorities

Figure 1. Nigerian healthcare system stakeholders

The Covid-19 pandemic has exposed the incapability of the Nigerian healthcare sector [22]. The government of Nigeria (GON) has embarked on projects to restructure the Nigerian healthcare system by providing adequate healthcare facilities and technology [23].

One of the responsibilities of the Nigerian government is to provide quality health services to its citizens [24]. The Nigerian healthcare system operates through diverse funding means like donor funding, tax revenue, health insurance and out-of-pocket payments [25]. Still, researchers have identified that most Nigerian healthcare funding is out-of-pocket costs. Out-of-pocket spending covers 69% of the Nigerian healthcare expenditure, 12% by the federal and 8% by the state government [26] (Figure 2).

Statistical analysis was conducted on the Nigerian healthcare system through several information outlets like articles, scientific research and publications in this research paper.

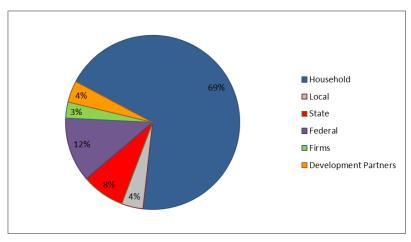


Figure 2. Healthcare financing system in Nigeria

Results

The Nigeria human resource for healthcare comprises of nurses, doctors, mid wives, public health nutritionists, laboratory workers, community healthcare volunteers [27, 28, 29]. The salary of every healthcare worker in Nigeria is determined by the level of government healthcare where they work [30, 31]. Healthcare workers vary per 100 000 populations in each government zone [32]. Healthcare workers in Nigeria are distributed into 6 zones and the FCT. North East and North West have low healthcare workers [33, 34]. South West, South East, FCT and South South have relatively high numbers of healthcare workers (Figure 3).

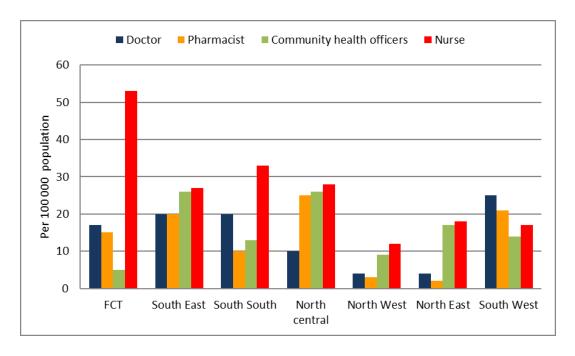


Figure 3. Zonal disparities in human resources for health

Harmonious on my research from different publications and articles, healthcare workers are not motivated to work in rural communities due to life difficulties, lack of modern equipment, low salaries, lack of water, electricity and good social benefits. Furthermore, health workers need help to leave their families and urban social life to work in rural communities [35, 36]. All these criteria contribute to bad healthcare performance and service delivery in Nigeria [37, 38].

In 2020, statistical reports showed that 51.2% of the Nigerian population lives in urban areas (Figure 4). The fertility rate is 5.4 per 1000 live births (Figure 5). The infant mortality rate is 54.7 per 1000 live births, and the mortality under five years is 90.2 per 1000 (Figure 6). Life expectancy in Nigeria is 55.8 years for both sex combined (Figure 7) [8].

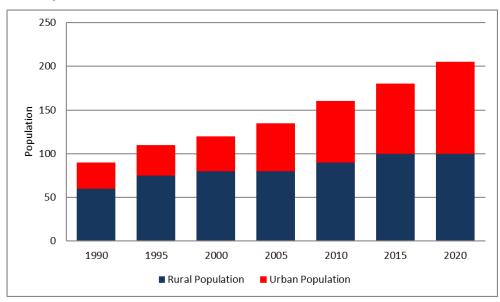


Figure 4. Nigeria in rural and urban populations from 1990 to 2020

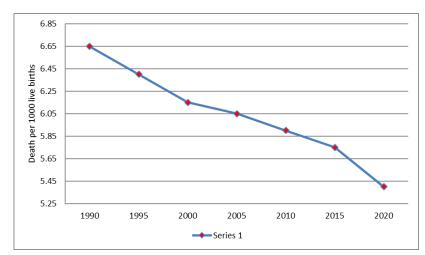


Figure 5. The total fertility rate in Nigeria, 1995-2020

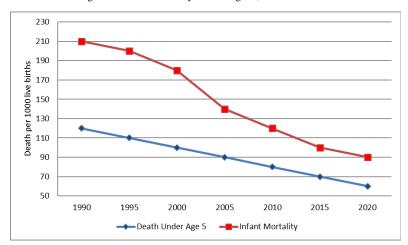


Figure 6. Infant and under age five mortality rate in Nigeria from 1990 to 2020

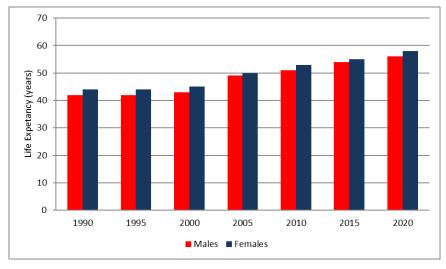


Figure 7. Life expectancy in Nigeria from 1990 to 2020

Discussion

The Federal Republic of Nigeria's constitution operates three tiers of government; the federal government; 36 states and their capital cities, and six geographical zones, which sum up 774 local governments [39, 40]. Nigerian states comprise elected executive governor, executive council and house of assembly with authority to make laws [41, 42]. An elected chairperson and legislative council members from each electoral ward carry out the local government administration [43].

Federal, state and local government agency levels manage Nigeria's allocation and utilization of healthcare resources [44]. Roles and responsibilities of Nigerian healthcare are handled simultaneously across the three levels of government [45].

Conclusion

Nigerian healthcare workers at tertiary healthcare facilities are highly skilled [46, 47]. Still, they often need more modern healthcare equipment to keep up with the level of healthcare performance expected of them to render [48, 49, 55]. The Nigerian healthcare system needs proper financing; the government must invest in healthcare technology, facilities and public health staff [50, 51, 56]. All these investments will help to develop and promote the Nigerian healthcare system.

The Federal and state governments have to increase fundamental healthcare investment by expanding the national insurance scheme, which will lower the cost of healthcare services [52, 53, 57]. The national insurance scheme generates funds through tax, which are used to provide social health security for Nigerian citizens [54, 58, 59].

One of Nigeria's significant healthcare challenges is the need for more well-trained healthcare workers [60, 61, 62]. The few skilled doctors are overburdened, and most need better compensation for overworking [63, 64, 65].

The federal government can solve significant healthcare challenges in Nigeria by increasing the county's national healthcare budget, enabling the expansion of the federal healthcare scheme to lower the rate of out-of-pocket spending [66, 67, 68]. Government should necessitate continuous education for the healthcare workers, educate the citizen on primary healthcare procedures and make provisions to acquire modern healthcare facilities [69, 70, 71].

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