

# Health Sector Reforms

## The Problem

Affordable and high quality healthcare delivery, both at primary and tertiary levels, is a necessary condition for the development of human capital. Deteriorating health indices has indicated the need for reforming healthcare delivery in Nigeria. By the year 2000, the World Health Organisation (WHO), for example, ranked Nigeria's health system 187 out of 191 countries. As a result of the prevailing poor health status of the population, the Health Sector Reform (HSR) was initiated and adopted in 2004 by the Obasanjo administration. The strategic thrust of the 2004 HSR were as follows:

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

In spite of 2004 laudable HSR, Nigeria's health indices remained one of the worst in the world. For instance in 2008, the life expectancy of Nigerians was 47 years according to the National Demographic and Health Survey for 2008. Vaccine-preventable diseases, along with infectious and parasitic diseases, negatively impacted the health and survival of Nigerians, as they remained the leading causes of illness and mortality. The health sector was characterised by a lack of an effective stewardship role from the government, fragmented health service delivery, inadequate and inefficient financing, weak health infrastructure, weak health information systems with low quality data, limited use and understanding of evidence in planning, a mal-distribution of the health work-force and poor working coordination. Despite the government-led attempt to reform the health sector in 2004 (that sought to establish a comprehensive health sector aimed at strengthening the national health system to enable it deliver effective, efficient and affordable health services to improve the health status of Nigerians), the major problems of the health sector persisted. It was against this background that the National Strategic Health Development Plan (NSHDP) was developed in 2010.

## Reform Actions

To transform the health sector and to enable delivery of high quality and accessible healthcare, the following reform initiatives were undertaken:

*National Strategic Health Development Plan (NSHDP):* In line with its Transformation Agenda, the Jonathan's administration developed a National Strategic Health Development Plan (NSHDP) for the period 2010 to 2015 through a participatory approach. This plan is aligned with Vision 20:2020 and is the roadmap for the President's Transformation Agenda in the health sector. The major objective of the plan is to transform the health sector to enable it to better implement and institute results-oriented programmes within the context of the MDG and national targets as enshrined in the National Vision 20:2020, and a new national health plan.

Specifically, the plan seeks to:

1. Reduce the morbidity and mortality rates due to communicable diseases to the barest minimum
2. Reverse the increasing prevalence of non-communicable diseases
3. Meet global targets on the elimination and eradication of diseases
4. Significantly increase the life expectancy and quality of life of Nigerians

The plan seeks to address the fragmentation of the health sector that made healthcare delivery ineffective as well as inefficient. It maps out the most efficient approach to delivering access to quality healthcare services at both primary and tertiary levels. The overarching goal of the NSHDP is 'to significantly improve the health status of Nigerians through the development of a strengthened and sustainable health care delivery system'. As the first of its kind in Nigeria, the NSHDP is an all-encompassing reference document for actions to be taken by all stakeholders to ensure transparency and mutual accountability for results in the health sector.

#### **Thematic Areas of NSHDP**

The NSHDP focuses on four thematic areas emphasizing results-orientation, these include: basic health services, preventative healthcare, clinical governance, and unlocking the potentials of the private sector. On each of these areas, a number of policy reform initiatives have been undertaken concurrently to transform the entire health care delivery in the country.

1. *Basic Health Service Delivery*: This programme aims at providing adequate access to high quality healthcare to the under-served; programmes such as 'Save One Million Lives' are designed to achieve this. The logistic and supply chain management reforms, as well as the use of technology (e.g. mobile phones) are designed to improve coverage and access and also to eliminate counterfeit drugs and equipment.
2. *Preventative Healthcare*: The national immunisation plan against the identified major preventable diseases is reformed in a number of ways that increased coverage and effectiveness. New vaccines are introduced along with essential commodities. In fact, for the first time, essential commodities are also channelled through the private health sector, in addition to public healthcare units.
3. *Clinical Governance*: These reforms aim at institutionalising the clinical governance system within the federal tertiary health facilities so that patients receive quality health care services. To this end, SERVICOM has been revitalised in the Ministry of Health, as well as in all its parastatals to improve service delivery.
4. *Unlocking the Potentials of the Private Sector*: The reforms in the health sector also include initiatives and policies that deliberately seek to make the health sector attractive for large-scale private sector investment, so that world-class healthcare facilities are available within the country. To this end, a ministerial committee has been established to unlock the private sector's potential, facilitating the establishment of world-class specialist hospitals and high-end diagnostic centres in each of the six geo-political zones of the country.

#### **Legal Reforms:**

*The National Health Bill of 2012*: In line with the transformation blueprint for the health sector, the Jonathan administration has submitted the National Health Bill to the National Assembly in 2012. The Bill seeks to address a number of issues and problems in the health sector that have prevented effective service delivery. It seeks to transform the sector to

enable quicker improvements in both quality and access to primary and tertiary healthcare in the country so as to achieve the targets of the MDGs and Nigeria Vision 20:2020.

Some of the major provisions of the Bill are:

1. The establishment of a National Health System that defines and provides a framework for standards and regulation of health services
2. The establishment of National Council on Health
3. The establishment of National Tertiary Hospital Commission as the regulator of tertiary health facilities in the country. It will define minimum standards, inspect, and accredit facilities.
4. The establishment of Primary Health Development Funds to be used for the provision of a basic minimum package of health services through the NHIS, the provision of essential drugs and improved health facilities, and the development human resources for health.
5. Evaluating the services of health establishments to enforce compliance with standards in tertiary health facilities
6. A Certificate of Standard, which will be required before setting up any health facility in the country

*The Anti-Tobacco Bill of 2011:* The bill is a comprehensive law to regulate the manufacturing, advertising, distributing, and consuming of tobacco products in the country by domesticating the WHO's Framework Convention on Tobacco Control (FCTC). The bill aims to protect children from being exposed to tobacco smoke as well as prohibiting every form of advertisement of tobacco products which may encourage children to smoke including the sale of tobacco to, and by, minors.

*The NAFDAC Act (Amendment) Bill 2013:* This is a bill that seeks to amend the National Food and Drug Administration and Control (NAFDAC) Act 2004 to empower the agency to effectively carry out its functions. It seeks to expand the governing board with policy and customs representation, as well as review the penalties for offenses. The major objective is to reduce the incidence and proliferation of drugs offences, including counterfeiting.

*The National Health Insurance Scheme Act (Amendment) Bill:* This bill is for an Act to amend the NHIS and to make way for an expanded National Health Insurance Commission to allow wider coverage of the scheme. This is to ensure more effective implementation of health insurance policy that enhances greater access to healthcare services by all Nigerians, as well as promote and effectively regulate health insurance schemes in Nigeria.

*Save One Million Lives Initiative (SOML):* In line with the NSHDP, this initiative outlines a vision to save one million lives by the year 2015. The initiative represents a major paradigm shift in the approach to service delivery in the health sector. This approach involves moving away from focusing on just providing inputs, to a focus on delivery and impact. The government launched the SOML Initiative in October 2012 to deliver quality health care services for the underserved through a public/private partnership. The SOML Initiative also demonstrates Nigeria's commitment to the UN Commission on Life-Saving Commodities for Women's and Children's Health goal to save the lives of 6 million women and children globally by 2015. The UN Secretary General appointed President Jonathan as co-chair of the UN Commission with former Prime Minister H.E. Jens Stoltenberg of Norway. Four pillars are critical to achieving this goal:

1. Expanding access to basic services, with a focus on maternal, neonatal, and child health, including using the SURE-P funds
2. Encouraging the prevention of major illnesses, especially communicable diseases

3. Improving the quality of care in healthcare facilities through better clinical governance
4. Reviving the private health sector through unlocking its market potential

*SURE-P Maternal and Child Health Programme:* The SURE-P MCH Programme aims to mitigate the impact of subsidy reduction on the more vulnerable sections of the population by initiating a robust social safety net mechanism for Nigerians. The programme specifically seeks to reduce maternal, new born, and child morbidity through expanded access to an integrated package of quality maternal and child health services in underserved and hard to reach communities across Nigeria. It focuses on, and guarantees access to skilled birth attendance throughout the continuum of care for women of the reproductive age, newborns, and children under five years of age. To achieve this objective, the programme recruits and deploys nurses, midwives and community health extension workers to designated healthcare facilities across the country.

*Midwives Service Scheme (MSS):* This programme aims at reducing maternal mortality by providing access to qualified and adequate birth attendants to the underserved, especially in the rural areas. It seeks to address the supply-side constraints in primary healthcare for rural communities. By increasing the supply of better healthcare, the programme targets a reduction of the deaths of the more than 50,000 mothers and 250,000 babies a year that are preventable. The SURE-P as well as the debt relief savings fund this initiative. It recruits unemployed and retired midwives for deployment to primary health centres in rural communities because midwifery is crucial in bringing down maternal, newborn, and child mortality rates. In addition, the programme provides training on how to save lives as well as engaging communities through ward development committees. In recognition of the achievements made by the MSS, it was awarded the Innovation in Government Services and Programmes Award at the Commonwealth Association of Public Administration and Management (CAPAM) held in Delhi, India in October 2012.

*Community Based Social Health Insurance:* This scheme seeks to raise the coverage of health insurance by reaching out to the rural communities as well as the underserved. Under this scheme, rural communities pay only ₦150 monthly as premium to benefit from the National Health Insurance Scheme.

Under the Midwives Service Scheme and the SURE-P Maternal and Child Healthcare programme, 6500 midwives, 3000 community health workers, and 1248 village health workers have been recruited and deployed to 1500 health facilities across the country. In addition, these 1500 health facilities were refurbished and supplied with essential lifesaving commodities. As a result, in 2012, more than one million antenatal care visits were made in the 1000 MSS facilities across 36 states and the FCT. This represents a 26% increase from the 828,922 reported visits in 2011. In 2013, the programmes have achieved a 29% increase in the number of women whose birth was attended by a skilled health worker.

*Quality Improvement and Clinical Governance Programme:* This programme aims at improving the quality of care in primary, referral, and tertiary facilities. The quality improvement and clinical governance agenda assesses quality improvement through three principal lenses: patient safety, clinical outcomes, and patient experience.

#### **Other Policy Actions:**

*Establishment of the Centre for Disease Control:* The Nigeria Centre for Disease Control was established in collaboration between the Federal Ministry of Health and the Office of the Special Adviser to the President on MDGs in 2012. It is part of government's effort at transforming healthcare system through an effective preventative approach.

*Introduction of new vaccines:* The Pentavalent vaccine was introduced into the Expanded Programme on Immunisation (EPI) schedule. This singular vaccine provides the protection

against Diphtheria, Pertussis, and Tetanus (DPT), Hepatitis B, and Haemophilus influenza type B (Hib). This was aimed at reducing the number of vaccine preventable diseases, and thus lowers the healthcare cost burden to both the government and families and increases productivity in the workforce. Thirteen states and the FCT were selected for phase one, based on their DPT3 performance in previous National Immunisation Coverage Surveys. The commitment to polio eradication has begun to pay dividends. From an average of over 1000 cases annually in 2008 and 2009, the number has reduced to 62 in 2011, 122 in 2012, and only eight in 2013. For more than four years, there has been no case of guinea worm infestation and Nigeria has been certified as being guinea worm-free.

*Modernisation of the Federal Teaching Hospitals:* The government has been upgrading the country's tertiary health facilities to bring them up to international standards. Upgrades include infrastructure development, which involves the rehabilitation and equipping of federal tertiary hospitals. There are also ongoing efforts to engage the private sector to build world-class hospitals across the six geopolitical zones in the country.

*Private Sector Involvement in the Health Sector:* Because of the potential of the private health sector to expand access to health services, improve quality of care, contribute to Nigeria's GDP (and job creation drive), reduce the financial burden on government, and finance additional private sector investment in the health, the government has prioritised 'Reviving the private health sector by unlocking its market potential' as one of the four pillars for the health sector. The programme is at its final phase of implementation. It has evolved into the following interventions:

1. Fiscal policy to reduce tariffs and duties on under-supplied health commodities
2. Providing access to capital and model investment projects (such as the Abuja Medical Mall/City) to support the growth of the private sector across the entire value chain
3. The government has also set up the Nigeria Private Sector Health Alliance, which aims at identifying and mobilising eminent and influential private sector leaders to galvanise resources and to accelerate progress towards achieving the health related MDGs.

*Nutrition:* Another major focus in the health sector is nutrition. With the sustained implementation of the SOML Initiative, donors have invested additional funds and effort to increase the coverage of Community Management of Acute Malnutrition (CMAM). These efforts to combat malnutrition have been in collaboration with stakeholders, including the Ministries of Finance, Agriculture, National Planning Commission, and development partners.

**Other Reform Initiatives for Transforming the Health Sector:**

1. Re-introduction of the overseas component of the residency training programme and overseas refresher courses for young consultants and other health professionals in different specialties
2. New technologies for fighting counterfeit medical products
3. National Oral Health Policy
4. National Drug Distribution Policy and Guidelines
5. Introduction of Pentavalent vaccines (DPT, HB, Hib). This will help protect against Childhood Pneumonia & Hepatitis B.
6. National Pharmaco-Vigilance Policy

## Main Achievements:

Since 2010 when the Implementation of the Transformation Agenda started, the health sector has been making steady progress. This has been reflected in the remarks made by international health institutions, such as the World Health Organisation (WHO), United Nations Children Funds (UNICEF), Global Fund, and the (US) President Emergency Plan for AIDS Relief (PEPFAR). Some of the specific achievements of the health sector reforms include:

1. *Increase in Polio Eradication and Polio Immunity Coverage:* The population immunity has increased from 46% in 2010 to more than 80% in 2013. Coverage in immunisation has increased to 86%. By June 2013, only 25 cases of polio were reported and these were in border towns in the North East due to the security situation.
2. *Control of Cerebro Spinal Meningitis (CSM):* The country introduced the new CSM vaccine, MenAfric, which confers protection for at least 10 years compared with three years protection from the previous vaccines.
3. *Malnutrition:* The percentage of children under five that are underweight dropped from 27% (baseline) to 24% (MICS 2011) in 2012. This shows an improvement in the national status of malnutrition between 2010 and 2012.
4. *Total Eradication of Guinea Worm:* For more than four years, there have been no cases of Guinea worm infestation. Nigeria is now certified as GWD-free country.
5. *Improvement in Some of the Health Indices:* There has been a consistent decline in the rate of mother and child mortality since the start of the interventions in 2010. Under five years mortality for 2011 is 141 per 1000 (Lancet 2011) as against 157 per 1000 in 2008. The ratio of maternal mortality has reduced from 545 per 100,000 live births in 2008 to 487 per 100,000 in 2011 (Lancet 2011).
6. Nationally, the number of **Un-immunised children** has been reduced by 49% when comparing April 2012 with April 2013.
7. Nigeria has **achieved the WHO elimination of Tuberculosis** target of less than one case per 10,000 population at the national level and in all zones.
8. Under the **Save One Million Lives** initiative, 433,650 lives have been saved in 2011 and 2012 alone. The target of saving one million lives by 2015 would be achievable if this rate can be maintained.
9. A steady supply of **life saving commodities** has been provided to support primary healthcare facilities. There was a 10% reduction in the number of facilities reporting more than one month out of stock of essential life-saving commodities.
10. Under the **Conditional Cash Transfer** initiative, there was a 26% increase in the number of women attending antenatal clinics.
11. As a result of the **Quality Improvement and Clinical Governance Programme**, there was a 45% reduction in post-operative infections in tertiary health facilities across the country.

## Key Challenges

Despite the numerous achievements of the health sector reforms, the health service delivery is still not where it should be in terms of access and quality. The major challenges facing the reforms efforts are as follows:

1. Delays in passing a number of health bills by the National Assembly, especially the National Health Insurance Scheme Act (Amendment) Bill that would help widen the coverage of the insurance policy
2. The regulatory framework is weak or non-existent and duplication of roles in terms of policy formulation, regulation and implementation. There is an urgent need to streamline functional activities in the sector to ensure effective role delineation for all players
3. Negative attitude by the rural populace towards immunisation, coupled with the poor attitudes of local government councils towards their responsibilities, leads to undue delays in the eradication of vaccine preventable diseases
4. Incessant strikes by health workers which reduce the reliability of public health care delivery despite the reform efforts and achievements
5. Lack of compulsory professional negligence indemnity for health workers
6. Weak regulation and inspection of private health care providers
7. Very high cost of tertiary health care services as costs of treatments for serious ailments are prohibitive.
8. Frequent breakdown of newly acquired and modern equipment in public hospitals reduces the effectiveness and reliability of the health care delivery.
9. Lack of effective framework for litigation leading to excessive medical malpractices that are mostly covered-up.
10. Non-institutionalisation of medical practice insurance for medical practitioners and hospitals encourages quacks and cover-ups of malpractice and negligence in patient cares.

## Assessment of Reform Initiative

Assessed against the 10 criteria for judging the success of government reform initiatives, the health sector reforms are a promising work-in-progress.

S/No	Assessment Criteria	Result of Assessment
1	Have the reforms improved the quality and quantity of the public service delivered?	The quality and quantity of health care delivery at both primary and tertiary levels have improved, especially as the private sector is beginning to take lead in the provision of tertiary healthcare.
2	Do more people now have access to services, including disadvantaged groups such as women, young persons, and people with disabilities?	In terms of access, while there is a huge improvement in primary healthcare delivery, the cost of tertiary healthcare delivery has reduced people's access to these services, especially for the rural poor.
3	Have the reforms reduced the cost of governance?	Not yet, but the potentials are high as the reforms would actually reduce cost of governance as PPP arrangements and the

S/No	Assessment Criteria	Result of Assessment
		NHIS are expanded.
4	Have the reforms made the service more affordable for citizens?	The health insurance policy has undoubtedly made a range of healthcare services more affordable to a lot of people.
5	Have the reforms reduced corruption?	By encouraging the private sector participation and increased use of ICT, the reforms have reduced the opportunities for corruption.
6	Have the reforms reduced unnecessary bureaucracy and red tape?	The reforms have marginally reduced bureaucracy and red tape in health service delivery where the NHIS is accessible. Efforts at expanding its access hold a lot of promise in this respect.
7	Are the reform initiatives likely to lead to improved development outcomes?	Better healthcare delivery will lead to better development outcomes as productivity is higher in healthy societies.
8	Are things improving, staying the same, or getting worse?	Things are generally improving in the health sector. Newer tests and diagnosis are increasingly becoming available in Nigeria.
9	Where things are improving, will those improvements endure?	By encouraging private sector participation, and increasing the scope for PPP, the health sector reforms would ensure the sustainability of these improvements in healthcare delivery.
10	Where things are not improving, what should be done?	Not Applicable.

## Proposed Next Steps

The proposed next step actions to further deepen the healthcare reforms are as follows:

1. Pending health bills in the National Assembly should be passed without further delay.
2. Effective public-private partnership should be promoted in the health sector so as to address inadequate, inefficient and ineffective financing of health facilities and services and to sustain the implementation of the Save One Million Lives Initiative (SOML): viable areas include building and operation of world-class hospitals, provision of essential drugs, and operation of mobile clinics.
3. Efforts should be made to check the frequency and effects of the incessant strikes by the medical worker unions in line with international practice, so that industrial disputes do not result in loss of lives.



4. Medical practice insurance and effective framework for litigation should be institutionalised to reduce the incidence of medical malpractice hospitals and medical laboratories.
5. A robust training policy should be adopted to improve the capacity of technical staff in the proper use and maintenance of newly acquired and modern equipment.
6. There is need to review the role of local government councils in healthcare delivery in Nigeria.