Making a Case for Increased Donor Support in Tackling Nigeria's Health Challenges

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Keynote Address presented at a Meeting organized by the Centre for Strategic and International Studies on the Future of Health Engagement in Nigeria at the Global Health Policy Centre in Washington, USA- March 14, 2017.

It is now well recognized that Nigeria has daunting challenges related to health, as exemplified by the difficulty the country is experiencing in providing optimal health care to its citizens. Apart from high rates of infectious and non-communicable diseases[1, 2], the country has an unrelenting burden of severe morbidity and mortality[3, 4] that surpasses those in many low income countries. Also now known is the inability of the country to evolve a suitable health system that can tackle the health challenges in a realistic, equitable and purposeful manner. Nigeria's health care system was first described by the World Health Organization in 2000[5] as *dysfunctional, ineffective and costly* and was ranked 187th out of 191 surveyed countries. Since then, not much improvement has taken place. This is clearly demonstrated by comparison of 2008 and 2013 National Demographic Health Surveys (Fig 1)[6, 7], which showed that while minimal declines were observed in neonatal, infant and under-five mortality rates, the rates of maternal mortality and proportions of home deliveries actually worsened between the two periods.

Table 1: Comparison of key health indicators in Nigeria between 2008 and 2013 – Results of National Demographic Surveys

INDICATOR	National 2008	National 2013
MMR/100,000 births	545	576
Skilled birth attendants (%)	38.9	38
Post natal visit (%)	42	40
Home Delivery (%)	62	63
TBA (%)	22	22
Institutional delivery (%)	35	33

Neonatal Mortality rate /1000 live births	40	37
Infant Mortality rate/ 1000 live births	75	69
Under five mortality rate /1000 live births	157	128

However, since the mid-1980s, Nigeria has been a major beneficiary of international donor assistance in the provision and sustenance of quality health care, running into millions of dollars. Unfortunately, recent evidence suggests that this support may be fading due to multiple reasons including the following:

- Donor fatigue, especially in relation to specific social change issues in health care;
- The rebased Nigerian nation economy – the country's GDP being the highest in Africa has substantially reduced the country's eligibility to receive donor funds; and
- The frustration that the social improvements in health are not being backed up by the high quantum of donor assistance.

Nonetheless, there are many reasons why Nigeria should not be overlooked by major players in global health, and why cautious optimism would be a better approach to the Nigerian health conundrum. The first is the fact that the disease and mortality burden in the country affects the poor to a larger extent as compared to rich households – up to 70% of the high rate of child mortality occurs in poor families, while reports indicate that nearly 90% of maternal mortality in the country affects the poor, socially disadvantaged and illiterate women. According to World Bank data, Nigeria with a population of over 180 million people has over 90 million poor persons[8], this being the highest concentration of poor people living in any country in any part of the world. Thus, just for the share reason of equity and social justice, it is important that this large number of poor people burdened by ill-health and disability are not forsaken by the international community.

The second reason is that if the benchmarks proposed for global development are to be attained by the global community, Nigeria would need to be specially considered for scaling of evidence-based health interventions. Nigeria was one country that failed to achieve the health-related Millennium Development Goals, and with another goal devoted to health in the Sustainable Development Goals, it is essential that Nigeria being the country with the one of the highest burdens of disease and disability be assisted to catch up with other countries in attaining this goal by 2030. Unfortunately, it's a hard fact that without Nigeria, the global community would have limited chance of achieving the benchmarks set for global development any time soon.

Thirdly, Nigeria is a lead country in Africa and certainly a major participant in global events. Indeed, it is commonly said that if "Nigeria sneezes, the rest of Africa catches cold". Surely, despite its social and organizational challenges, it has to be recognized that any success recorded in Nigeria will reverberate throughout the African continent and will set a standard for social improvements in all countries.

Fourthly, our recent success story in curtailment of Ebola outbreak[9], sub-national reduction in maternal mortality in State like Ondo state[10] and credible polio eradication efforts[11] open future possibilities that with better planning, things are still do-able in the country which must be encouraged by the international community, especially by donor partners.

Fifthly, the large size of Nigerian quality human resource in the diaspora e.g. over 4000 registered Nigerian doctors being in the United States alone, makes a compelling case for the country as a credible international partner in healthcare.

A sixth point is that Nigeria has in recent past demonstrated zero tolerance for mismanagement and misapplication of donor funds as exemplified by the prompt response of the President to reports of malfeasance concerning the use of the Global Fund for HIV/AIDS prevention.

The seventh point is that the current economic recession in the country has negative impact on health financing, which can be ameliorated by increased donor support.

Finally, the unfolding humanitarian crisis in North Eastern Nigeria and indeed the whole of the region in the Chad Basin which was recently described by the UN as one of the world's largest humanitarian crisis and with potential health consequences can definitely not be ignored by the International community.

It is indeed heartwarming that at the February 2017 Oslo Conference for the region, $672million was pledged, out of the targeted $1.5billion. However, a lot more still needs to be done, especially within the context of the severe deprivations currently prevalent in the region. In February 2017, Secretary General Antonio Guterres joined other top United Nations officials in calling for "strong and urgent action" to help avert catastrophe in South Sudan, Somalia, Yemen and North-east Nigeria (UN News Centre) [12].

In this short presentation, I will present my reflections on why things are not working rapidly for health in Nigeria. In doing so, I will present some of my experiences in dealing with the health situation in a Nigerian State, Ondo State where I was Governor for 8 years. I will then end with some recommendations on ways to tackle the health challenges in the country, and the role that the international community can play in getting a handle on the matter.

<u>Why is health under-performing in Nigeria?</u>

I would like to provide some explanations as follows –1) the poor coordination of primary health care; 2) lack of political will to prioritize health as an essential part of social development; 3) poor funding of health and inappropriate application of available funds; and 4) low and inappropriate demand for quality and evidence-based health care by citizens due to social, cultural and religious motives.

Poor coordination of primary healthcare activities: Under the federal form of government in Nigeria, health is on the concurrent administrative list. The Federal government is responsible for policy formulation and the provision of tertiary health care; the 36 States provide secondary health care; while the 774 Local Government Areas administer primary health centres. Although successive administrations have tended to prioritize primary health care as the form of care best able to generate access to health care for all citizens, very little has been achieved. Reports

indicate that only about 20% of the nearly 30,000 primary health centres are functional, while the majorities are characterized by dilapidated facilities, lack of basic drugs and equipment, and inadequate human resources.

Devolution of primary healthcare to Local Governments under the National Health Policy is not matched with commensurate resources. For many years, many Local Governments were bedeviled with what was then termed zero allocation - which meant that total revenue was not enough to pay primary school teachers (another responsibility of the LGAs) not to talk of allocation for primary healthcare activities. I daresay that the situation persists till today in many LGAs to various degrees. For example, Nigeria's This Day newspaper of Dec 29, 2016[13] reported that three out the 18 Local Government Councils in Edo state in South-south Nigeria received zero allocation from the federation account for the month of November of that year.

The issue of disproportional allocation of more than 50% of national accruals to the Federal Government and less than 50% to the 36 states and 774 LGAs (both with responsibility for secondary and primary healthcare respectively) will continue to be part of the albatross of efficient healthcare system in the country. A respectable body of opinion has advocated for the revision of Revenue Allocation Formula to give more to the states and LGAs, or some other form of improved fiscal federalism which will definitely impact positively on critical health outcomes. It will make interesting piece of research to find out how much each of the LGAs have been able to spend independently on health (outside salaries, donor contributions, federal or state fund) in the last two decades. The outcome of such research will clearly drive home the tragedy of chronic under funding for health care at the LGA level.

However, the 2014 Health Bill will surely do a lot in bridging the resources gap at the LGA level when fully implemented. It is expected to attract 1% of Consolidated Federal fund to PHC funding. Unfortunately this has not been factored into recent national budgetary activities.

Although African governments in 2003 through the Abuja declaration recommended that 15% of national budgets be allocated to health care, many successive governments at both the national and sub-national levels in Nigeria have never reached this level. Indeed, as national priorities have continued to move away from health to issues such as security, power and infrastructural recovery, health has increasingly received lower levels of financial disbursements. This was reflected in 2015 and 2016 budgetary allocation which was 6.24% and 4.64% respectively. The situation is not different at sub-national levels.

Non institutionalization of data generation: It is important to note that the dearth of reliable and accurate locally generated data undermine the ability of the health sector to engender evidence-based policy formulation, planning, monitoring and evaluation of health activities. It is a great disservice that health intervention undertakings by governments are based from external sources, inaccurate or fabricated local data.

Better health indicators is also one of the clearest evidence that our democracy is working for the people, and it is therefore important that we continue to push this at all time. With better generation and dissemination of health data, the government can be held accountable for the improvement of health indices in the country as part of the expectations of democratic dividends.

The lack of political will for health: In my experience, the lack of political will to deliver healthcare at both the national and sub-national levels as a component of development is an important reason for the poor performance of health in Nigeria. Unless the leader is committed to a particular issue and is willing to devote attention and resources to address that issue, it is unlikely that such an issue will get priority attention. Such is the case with health that many Nigerian leaders over the years have not given priority attention to health. Perhaps because positive health outcomes are often invisible or non physical, political leaders do not see any reason to prioritize them for agenda setting. Many do not seem to understand or care about the linkage between good health and socio-economic development. By contrast, they will rather invest in physical infrastructure, which tend to be more "visible", from which politicians hope to reap more political benefits.

Overconcentration on inputs and processes: While agreeing that a universal assessment model for measuring effectiveness of multi-lateral organizations may be difficult, there seems to be no question about the fact that multilateral organizations ought to place more emphasis on outcomes rather than processes and outputs to avoid what Robert Picciotto one time Vice President Corporate planning and budgeting of the World Bank referred to as "development outcome-agency performance disconnect"[14] a situation in which multilaterals excel at completing tasks and delivering outputs but have little or no impact on the wider issues they are trying to solve.

Social determinants of health: One of the major reasons for the low performance of health in Nigeria is our failure to address the social determinants of health. High rates of poverty, illiteracy and religious doctrination prevalent in the country have huge negative impacts of health, and result in lack of demand or inappropriate demand for orthodox health care. We have seen cases of non-utilization of health services because of inability of citizens to pay for services. The national health insurance scheme has not worked well in the country, and today up to 70% of health provision depend on out-of pocket payments. With such a situation, the poor and most vulnerable are often shut out of quality health care access. We have also seen cases where citizens refuse essential services even when such services are free –because of religious reasons. The polio vaccine is a case in point. And, indeed one of the dominant reasons for low prioritization of health by political leaders is the low demand for orthodox health care by citizens. Since citizens are often not well informed enough to demand essential health services, the political leaders are often content to pursue other developmental areas, rather than focus on health. These issues are important and must be addressed if health is to feature prominently in the political firmament of the country. Again while we find ways to address these social determinants through integrated national development based on poverty alleviation, and basic education for all citizens, we should also find immediate solutions to the problem through short-term solutions such as provision of social welfare and health safety nets for disadvantaged citizens and also health education for all citizens[14]

Recommendations

Political Will for Health

The lessons we have learnt from our experiences in Ondo State have enabled us to identify some critical factors that help in generating *political will* to tackle social exclusion and promote health, especially within the larger Nigerian context. These include the following:

- Knowledge of key health issues by political actors is crucial, especially how good health can contribute to overall developmental aspirations of the country. This is often not clear to many political office aspirants, as many believe that health may be associated but not part of development. But yet, several scientific publications report that good health is not only a driver of development, it is also one of the major indicators of good governance.

- Thus, my experiences indicate that health issues ought to feature prominently in the campaigns for political offices. Indeed, health promotion should one of the key indicators for measuring the success of governance, at national and sub-national levels.
- One of the major challenges is the failure of the political system to infiltrate social justice principles for tackling social exclusion and the promotion of health in the philosophy of political parties. This has to be the ideal way to go in order to expand and scale up these principles within national political consciousness. Going forward, this would be an essential area of programming for any efforts to promote social change and citizens' well-being through democratic political participation in the country.

- As we continue to practice inverted pyramidal forms of governance at the national and sub-national levels, it is important that the highest level of the political system is apprised of the importance of health care as the essential vehicle to promote social justice and equity for all citizens. Without the highest level of governance being knowledgeable and leading the process, very little can be achieved.
- A strong philosophy of governance anchored on social democracy is recommended for governance in countries challenged by these kinds of social inequality. We have demonstrated in Ondo State over the past 8 years that this works in contemporary times, and that good health and systemic education could be very impactful in changing the fortunes of a people. Chief Obafemi Awolowo as Premier of the old Western Region of Nigeria had illustrated this very vividly in his promotion of education and free health services in the 1950s and 1960s. To this day, this region of Nigeria leads other regions in terms of educational and health indicators, and it is therefore important that this simple intervention is taken up by other States in the country.

Need for Increased Funding

There should be increased budgetary allocation (targeting the Abuja 15% target) to health at national and sub-national levels of government and the transparent, effective and accountable management of health programs throughout the country. This can only be achieved through identification of local benchmarks that align with international standards and the development of protocols to prevent financial malfeasance and mis-management before they take place. For us in Ondo state we were able to increase budgetary provision for health from 2% in 2008 to 14% in 2016.

When the National Health Bill[15] goes into operation, we expect that more funds will be available at the Local Government level for primary health care. We recommend that in light of the ongoing scaling down of GAVI funding commitment to Nigeria, the expected funding gap will

be made up from proceeds of the National Health Bill to ensure sustainable procurement of vaccines. It must also be emphasized that the procurement of vaccines and other logistics must for some time be centralized to ensure quality and benefit of scale.
The envisaged additional funding of the National Health Insurance Scheme under the Health Bill is also expected to increase coverage of vulnerable groups and the informal sector. Robust packages should be planned to begin to seriously address the unfolding burden of non-communicable diseases (NCDs) and injuries (especially Road Traffic Accidents). The Ondo Emergency services scheme[16] which has seriously addressed emergency response to road traffic accidents is recommended for scale-up throughout the country.

Need to focus on outcomes

It is recommended that donors should in putting together Programmes place emphasis on outcomes rather than inputs and/or processes. Systems strengthening should also be embedded in such programmes. The World Bank sponsored Results-Based Financing (RBF) which 'is an instrument that links financing to pre-determined results, with payment made only on verification that the agreed -upon results have actually been delivered' seems to have shown encouraging results. Like World Bank puts it, "there is strong evidence that linking financing to results produces better outcomes than similar financing without the link to results"[17].

It must also be noted that "RBF schemes require detailed and interlocking systems and procedures: financial and health management information systems, verification mechanisms, payment mechanisms, contracting capacity, quality assurance and fund management capacity"[18]. System strengthening capability of RBF is therefore in-built. Ondo State is one of the three pilot RBF Programme States in Nigeria - Adamawa and Nasarawa being the other two. The programme in Ondo State has been aligned to our home grown Abiye (Safe Motherhood) and Agbebiye (Safe TBAs) and has therefore benefited from demand side incentivisation (e.g. removal of financial barrier to service under Abiye) apart from its dominant supply side improvements.

Better institutionalization of data generation

Accountability at national and sub national levels should not only rely on global, regional and national retrospective estimate periodically generated from academia and developmental organizations. It should rely on routine data generation and robust investments in Health Management information systems. For example, establishing an effective Maternal Death Surveillance and Response (MDSR) system in Ondo state and the passage of a law on *Confidential Enquiry into Maternal Deaths* exposed to us the circumstances under which women die during child birth in the State. This understanding led to the formulation of Agbebiye initiatives – which is the incentivisation of Traditional Birth Attendants (TBAs) Mission Home Attendants (MHAs) to refer pregnant women to health facilities for safe delivery.

Creating healthy rivalry among states or performance grading

The idea of scoring states on basic health indicators is strongly recommended. When the scores of states on basic health systems performance are made known and widely disseminated, it could stimulate low-performing states to do better, which will help to activate the entire health system. A classic example is the Bill and Melinda Gate Leadership Challenge Award on polio eradication - the scoring of Nigerian states on coverage with polio vaccination by the Bill and Melinda Gates Foundation. Since its establishment, Ondo State has always been identified as the state with the highest coverage with polio vaccination in the country. As the Chief Executive of the State, I have always been buoyed by this achievement to do more, so as to maintain the high position. I believe my other colleagues were also stimulated by the results to ensure that they have a good mention in the scoring results. I believe more of these kinds of ranking will help to leverage political commitment for health interventions and lead to the systematic recovery of the Nigerian health system.

Conclusion: We conclude by restating that the provision of equitable health care is an important intervention for tackling social exclusion and inequality in Nigeria. As a result of socio-economic disadvantages, including high level poverty and pervading adverse social, cultural and religious norms, all citizens in Nigeria, especially women and children are at greater risk of poor health outcomes. We have proved through our interventions in Ondo State over the past 8 years that political governance can be tailored specifically to address these problems through directed and knowledgeable political leadership and a patriotic devotion to the principles of transparent and results-oriented leadership anchored on social democracy. Promoting and equilibrating health outcomes for all citizens is currently one of the most crucial interventions needed to reduce social inequality not only in Nigeria, but in in many developing African countries. It is surely the path towards Universal Health Coverage.

References

1) Center for Disease Control (CDC). Ten top causes of death in Nigeria. Accessed from https://www.cdc.gov/globalhealth/countries/nigeria/pdf/nigeria.pdf. In February 2017
2) Ekpenyong CE, Udokang NE, Akpan EE, Samson TK. Double burden, non-communicable disease and risk factors evaluation in sub-Saharan Africa: The Nigerian Experience. European Journal of Sustainable Development 2012; 1:2, 249-270.
3) WHO, UNICEF, UNFPA and the World Bank. Trends in maternal mortality: 1990 to 2010. WHO, UNICEF, UNFPA and the World Bank estimates. Accessed from: http://www.who.int/reproductivehealth/publications/monitoring/9789241503631/en/ March 8, 2014
4) Editorial. Stillbirth and executive summary for Lancet's series. www.thelancet.com, April 14, 2011.
5) World Health Organization. *World Health Report 2000 – Health Systems: Improving Performance*. Geneva, Switzerland: World Health Organization, 2000.
6) National Population Commission. Nigeria Demographic and Health Survey 2008. Abuja, Nigeria: National Population Commission, Federal Republic of Nigeria and MEASURE DHS+ ORC Macro, 2010.

7) National Population Commission. Nigeria Demographic and Health Survey 2013. Abuja, Nigeria: National Population Commission, Federal Republic of Nigeria and MEASURE DHS+ ORC Macro, 2015.

8) World Bank. Poverty equity: Nigeria. Accessed: http://povertydata.worldbankd.org/poverty/country/NGA February 2017

9) Ohimain EI. How the spread of Ebola Virus was curtailed in Nigeria. International Journal of Medical and Pharmaceutical Case Reports. 2015; 4(1): 11-20.
10) Mimiko O. 2010. Mobilising resources for achieving MDG-5: the Ondo state example. Paper presented at the 2nd Annual Safe motherhood lecture organized by the Women's Health and Action Research Centre (WHARC), Abuja. FCT.
11) Jeffrey Kluger. Vaccines – this is how Nigeria beat polio. Time Health July 24, 2015.
12) UN Secretary-General. Full transcript of Secretary General's Joint Press Conference on humanitarian crises in Nigeria, Somalia, South Sudan and Yemen. New York. 22 February, 2017. Accessed from: https://www.un.org/sg/en/content/sg/press-encounter/2017-02-22/fulltrancript-secretary-generals-joint-press-conference.
13) This day Newspaper December 29, 2016
14) Picccioto R. Poverty reduction and institutional change. The 1999 Inaugural Wolf Lecture. The Rand Graduate School, Santa Monica
15) Federal Republic of Nigeria official gazette. National Health Act, 2014. Vol 101, No 145. Pages A139-172. October 27, 2014
16) World Bank – Ondo State, a model for emergency medical services. Vanguard newspapers, Nigeria March 27, 2016.
17) World Bank. Results-based financing. African Health Forum – Finance and capacity for results, 2013.