

PUBLIC POLICY MASTER CLASS

WITH



The Paradox of Nigerian Healthcare

When Governor Godswill Akpabio amended the pension laws of Akwa Ibom State, what was most perplexing to me was the whopping sum of N100 million that was set as the limit for annual medical benefits for each ex-Governor of the state. Like many Nigerians, I wondered how many hospitals could be better funded with that sum, how many thousand lives would be saved with a fraction of this amount and what ailments these ex-Governor's might be treating to warrant spending such an obscene sum of money annually. Sadly, the healthcare system in Nigeria will not be better for the spending by these government officials, as most of it will be in countries that have prioritized their healthcare and have a system to offer to the world.

What is happening to the healthcare system in Nigeria?

The World Health Organization ranks the Nigerian healthcare system amongst the worst in the world. Specifically, its most recent report places Nigeria at the 187th position of 190 countries. This is only ahead of the DRC, Central Africa Republic and Myanmar. Even Zimbabwe and Burundi, which are amongst the poorest countries of the world rank at least thirty places ahead of Nigeria, yet Nigeria has the largest Gross Domestic Product on the continent and many significant mineral resources.

Every individual has a right to live healthy and the government, at all levels, is obligated to provide good quality healthcare amongst other social amenities to its citizenry at affordable costs and in a convenient manner. The healthcare system is expected to focus on the prevention, diagnosis and treatment of diseases and ailments for all the people; and the responsibility of the government to achieve these objectives cuts across its various tiers.

Our healthcare system has been neglected for an extended period, evidenced by the lack of funding, undersupply, inefficiency, decrepit equipment, poor quality, needless deaths



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and unhappy workforce. The country does not boast of a plausible healthcare agenda and often leaves development agencies to define programs for focus. Doctors exploit the weak system, inviting patients to private practices so that they can earn additional income and consulting at multiple government hospitals so they appear on various payrolls. They go on strike for extended periods depicting the criminal neglect of the sector. Nurses yell at patients and refuse to respond to their basic enquiries. Pharmacists dispense drugs in envelopes and do not bother to write the name of the medication or educate patients on side-effects. Accounts clerks often have 'no change' and will therefore tell patients to go find the correct denomination before payments

are accepted and emergency cases are overlooked because payments are incomplete. Many general hospitals stink (literally and figuratively) and are breeding grounds for infectious diseases – many also do not have sufficient beds so corridors become sleep pads.

According to the president of the Nigerian Medical Association, over USD 500 million is lost annually to medical tourism, though the Sovereign Wealth Fund estimates that the actual amount spent annually is at least double this i.e. over USD1 billion. The Nigerian High Commissioner to India also revealed that 80% of the Indian visas granted to Nigerians in 2011, were for the purpose of medical treatment. Since a majority of the population cannot afford to attend private clinics let alone go abroad, it is safe to infer that this amount is spent by a few wealthy people and the government, which pays for its high ranking officials to seek treatment abroad.

The Nigerian Medical Association estimates that over 60% of doctors trained in Nigeria practice abroad and The Association of Nigerian Physicians in the Americas has a membership of over 4,000. At various times, these Nigerian doctors have been given awards as best in their fields and continue to make significant strides in the advancement of medicine abroad.

In the current form, we have made the life of a few people worth more than millions of ordinary men, who themselves are Nigerians. We have taken resources meant for the multitudes and given it to a few to squander. We have cast a shadow on our healthcare system and sentenced it to doom. We are telling our brilliant medical professionals that they have no place in this country. We are living for the moment and destroying our future. We are stirring up discomfort and fueling insecurity as our inequality widens. How do we expect a public servant, who works for the government as 'servant', undergoes medical check-up abroad annually, receives treatment overseas for many self-inflicted conditions, to work towards improving the functioning of the healthcare system in this country? He simply does not care as it does not affect him or members of his family. Man is inherently

selfish and must therefore become subject to a system in order to force him to expend efforts on ensuring that this system works.

What must be done to improve the healthcare system?

1. Let us cancel all payments for foreign medical treatment on behalf of government officials. Except a radical step like this is taken, the facilities in government hospitals will never work. The government should not fund any overseas treatment for public servants or their families. This will provide equitable access to all and radically improve healthcare delivery. Anyone who seeks to go abroad to access medical treatment should be made to fund it from his personal resources. Amounts previously expended on funding medical tourism should be invested in upgrading facilities at Teaching Hospitals.

2. We should strengthen the healthcare system by defining our own agenda. Our medical professionals should embark on professional exchanges both locally with private hospitals and overseas with thriving institutions. In addition we should collect, analyze and track data on various conditions and their impact to allow for credible decision making. Importantly, some of the funding which is currently channeled to defending the Naira should be passed to the health sector since an improvement in local healthcare would largely reduce the demand on foreign exchange.

3. We must enforce medical standards. There must be minimum operating standards for hospitals and all healthcare staff. Penalty for malpractice should be instituted and enforced, wrong diagnosis and treatment should have strict consequences to deter carelessness and medical workers who sabotage the system should be punished or summarily dismissed.

The challenges of the Nigerian healthcare system are many, and a few steps in the right direction will result in tremendous achievements. The healthcare system in Nigeria, if prioritized can work and will have positive impact on the lives of many.

By Angela Adeboye
For: Alegna Global Partnerships
www.agpartnerships.com