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### A BLUEPRINT ON IMPROVING THE NIGERIAN HEALTH SYSTEM

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#### ABSTRACT

The issue with providing basic healthcare in third world nations has been a continuous challenge that has prevailed for decades with little to no solutions, partially due to lack of progressive policies and legislative implementation. Health is wealth, as its commonly said. Without a proper healthcare system in place, third world nations like Nigeria have no chance of protecting their citizens. The issue of healthcare in developing and underdeveloped nations needs to be revisited. This paper examines the health systems in Nigeria, its issues, and draws out a blueprint on possible solutions to be adopted.

#### Introduction.

Nigeria popularly referred to as the giants of Africa, located in West Africa. With a total population of over 200 million people. Nigeria runs a democratic system of government, with powers equally dissolved between the three tiers of government. A growing/ developing economy with a GDP of over \$500 billion US Dollars making her the 2nd best economy in Africa behind only South Africa [2].

Over the past few years' movement to foreign nations has continuously been on the rise as one of the essential challenges for Nigeria is inadequate production and inequitable distribution of health workers. The health workforce is highly concentrated predominantly in urban regions in the western and southern part of the nation [1]. To add to this, since the 1980s, there has

been a massive brain drain of Nigerian medical force. According to estimates, over 1,000 doctors leave the country for greener pastures. The likely destinations are UK, USA, Canada, India, Saudi Arabia etc. Medical practitioners blame the mass exodus on poor working conditions and environment, poor facilities low salaries etc., as less than 4% of the country's annual budget is allocated towards health, with 9 in every 10 new doctors considering work opportunities in foreign countries. While the yearly healthcare threshold per person in the United States is \$10,000, in Nigeria it is \$6. This inequity has been attributed to [3]:

1. Working environments that contribute to less efficiency, and low enthusiasm,
2. giving preferentiality to indigenous hires
3. No career headway
4. High level of existent pressures in the private professional sector that results into poor quality of work,
5. Planning deficiency based on projection of staffing needs which then results into production of excess health workers in some categories and a shortage of others and,
6. lack of private and public sector dexterity

One effective approach was the creation of the Midwifery Service Scheme in (2009). It utilizes retired and unemployed but competent midwives and recently trained graduates from the Nigerian Institutes of Midwifery to most rural communities for around one year of community service [1].

According to the WHO, Nigeria is a nation in which almost 19% of worldwide maternal deaths occur. During 2005 and 2015, it is summed up that more than 600,000 maternal deaths and no less than 900,000 maternal near-miss cases happened in the country. Generally speaking, the maternal death rate is roughly 800 for each 1000 live births and 58000 maternal deaths in 2015[2].

The imagery looks a bit dingier when the UNICEF stated that over four Million Children never get immunization manually, and analysts estimates the neonatal death rate at around 34.7 per 1000 live births in 2015. Likewise, Nigeria Malaria Factsheet gauges that there are more than 300,000 malaria deaths annually with 100 million cases [2]. This simply illustrates the fact that Malaria is single handedly responsible for about 11% of the annual death rate in Nigeria. Medical science has made rapid changes over the last century as technology has evolved our ability to understand and treat illnesses and ailments has improved at astonishing rates. But that's just medical science. The health Care system across the world don't necessarily improve at the same rate and be bottlenecked by inefficient systems [].

### **Solution**

The 3 Basis of Health care include;

1. Universal access
2. Decentralization
3. Free choice of the citizens

### **Major terms to note**

- I. Citizens health insurance scheme (CHIS)
- II. National medical information Database (NMID)
- III. Public health fund (PHF)

The National public health fund would be created. This fund would be made up of 8% of citizen's gross income per month. This fund would enable the government to provide its citizens with free high quality healthcare. Here the medical costs would be shared between the patients and the government. The government would also be tasked with the responsibility of providing subsidy on some basic treatments through the budget allocated towards the ministry of health. A portion of the fund's generated through the public health fund PHF and the ministry of health budget would be summed up and invested into short-term investments by the government so as to generate more funds. The interest brought in would be used to build more hospitals, buy more equipment's, conduct more research, retain and recruit more medical practitioners so as to prevent them from leaving the country. Patients would need attention and there's need to have facilities that can handle them, and physicians who can teach and study them. In general, this is going to cause a reduction in the mortality rate, resulting in a very high life expectancy rate. Infant mortality rate would also see a huge reduction by a high margin.

Citizens must register under the national medical information Database (NMID). Here the government has all the information about the health of every citizen. Once their information is in the NMID, any time they have any health related challenge, patients would pay for it through the specially created Citizens health insurance scheme (CHIS) [5].

Any update on the patient's health or treatment would be uploaded to the NMID so as to enable citizen's information and health data are constantly up to date. This is going to assist doctors to know a lot about the patient before the patient arrives at the hospital.

Basic treatment that the government can help to provide 70% subsidy could include; doctor visits, psychiatrist, x-rays, important medicines, prescriptions, primary care and eye service.

Major treatment the government could help to provide 30-40% subsidy on could include; physical therapy, dental treatment, foreign or outside the country treatment, surgery, staying in hospital for over 2 days.

Also if a patient makes use of a private room in the hospital the patient bares all the expenses. But if the patient makes use of an open ward, the government pays 80% of the expenses of the accommodation.

The government can try to control spending in order to cut costs by being the ones to purchase the drugs in bulk directly from the manufacturers. This would help the citizens especially those living on minimum wage, as they make up a large number of the Total working population. If the government is the largest buyer of drugs, then they would be able to negotiate or have a higher bargaining power to keep the prices low.

Each citizen under the citizen's health insurance scheme (CHIS), must have a next of kin so that if the citizen dies, the funds under his portfolio would be transferred to the next of kin or shared amongst selected next of kin. Also if a

citizen doesn't have enough money under their CHIS, they can request from someone who has a lot of funds under their CHIS to help offset the cost. Furthermore, citizens can easily monitor the amount they have in their CHIS through a special Portal created by the CHIS Institute [1].

Citizens could also be given a card and a pin. This would have access to the database and the CHIS. So once in the hospital they give it to the medical officer who looks it up in the database. The card would give the respective medical officer all required information needed in order to charge for the visit. Only registered medical hospitals can use the card to make withdrawals. NB; this system is going to require a lot of technical know-how, and a lot data would be processed daily so artificial intelligence would play a major role in this system being very efficient and mistake proof.

### **Conclusion.**

Creating a good healthcare program can be difficult and at same time simple. Countries such as France, Norway, Canada, Netherlands, Germany, Singapore etc., have credited by the world health organization (WHO) and other notable world agencies as running the best healthcare programs. To the point that Singapore spends 4% of its GDP on healthcare that's around \$2,000 US dollars per citizens, whereas the United States spends over 17% of its GDP on healthcare that's around \$10,000 US dollars per citizens, but isn't still as efficient as that of the Singaporean healthcare program [7]. Having a good Healthcare program is one thing and consuming the right food is another. On average statistics have proven that Asia countries have in general the highest life expectancy rate and this can be attributed to the high amount of organic foods being consumed. Spending high on one's health is pointless if the foods being consumed are all filled with harmful chemicals used in producing them. Lastly, we should recognize this system as a trade-off, and be willing to try new things that would help to improve it. And also, be willing to adapt or change when policies don't work, so as not to get stuck with an inefficient healthcare system. I end with a quote by **Kevin alan Lee** that states "*In my opinion, our health care system has failed when a doctor fails to treat an illness that is treatable*"[4].

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### **Web-link**

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