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Fostering Health Care Delivery Through Partnership In Nigeria; Exploring Leveraging Mechanisms For Low- And Middle-Income Countries

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ABSTRACT

Health care financing involves huge economic burden, which cannot be borne by the government alone. Breaking even in health care financing in the 21st century demands that government corporate with agencies, donors, individuals, and communities to finance health care services in their domains. This article presents a view of rational approach to health care financing and discussed ways of promoting and fostering health development through partnership. Literature search using Embase, Medline and relevant official documents was conducted based on identified criteria. Current trends in health care financing was driven by determination to change the poor health indices, rising need for health care and huge economic burden it places on the government and the realization that most countries with better health care services use different types of public private partnership (PPP) for health care development and sustainability. This is being driven by policy reforms to improve access for affordable health care while ensuring sustainability. This study suggests that improved health care development, financing, and sustainability are possible through public private partnership. It underscored the need to explore other methods of funding apart from the traditional government budgetary spending, which has not greatly favoured our health care development.

Keywords: Health Care, Financing Mechanism, Partnership, Community, Policy, Nigeria

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INTRODUCTION

The internationally recommended public expenditure for health is \$34 per capita. However, public expenditure on health in Nigeria is presently less than \$8 per capita. The estimated private expenditure for health is above 70% due to catastrophic spending even in sub-Saharan Africa where poverty is endemic. This underscores the need to foster health development through partnership since government cannot bear the health burden of the masses alone. Presently the partnership between the government and private organizations is still comatose and need resuscitation to assume its rightful place. Corruption, poor consumer awareness of their fundamental right to quality health care services and obligations is still inadequate and compounded by poor socioeconomic development and health indices, which have plagued the countries health sector over the years. Good partnership for health development internally and with development partners and donors suggests being a catalyst out of the woods ¹⁻⁵. Presently, Federal Ministry of Health (FMOH) through the National Health Policy Targets is embarking on reforms towards repositioning the country on the right path for the Sustainable Development Goals (SDG). The supports and activities of the stakeholders are mobilized across board from the private to the public sector through PPP drive. The national health policy articulates the huge importance of mobilizing support and strengthening health developmental strides at all levels of the health care delivery system. It projects the need to incorporate all interest groups at all levels in building an efficient, effective, and affordable health care delivery system ⁶⁻⁹. This article presents rational approach to health care financing and discussed ways of fostering health care services to provide timely information for planning, research, and policy.

METHODS

The study was carried out via review of the ways partnership can affect health development in Nigeria. Electronic search was conducted using Embase, Medline and relevant official documents based on identified inclusion and exclusion criteria. Additional search were carried out on Google scholar and cross-referencing to identify other studies and materials relevant to the subject. The search terms used were health care, financing mechanism, partnership, community, policy, Nigeria. More than one search terms were combined using 'AND/OR'. The inclusion criteria used were articles with defined inclusion and exclusion criteria, those published in English language with standard design, articles published on official websites without bias especially that associated with sponsorship. Relevant materials published in unofficial sites and those without ethical approval, methods, and design were excluded. Study was conducted between 2015 and 2016.

RESULTS AND DISCUSSION

Community participation

Community participation involves provision and contribution of money, materials or labor; consulting people for their inputs, views and suggestions before, during, and after project execution; and empowering people to participate actively in planning, decision-making, and resource control. These three levels of participation encourage communities to participate fully in providing and supporting health care developmental projects and services in their communities. Full partnership can only be achieved when people are involved in decision-making process in the planning, implementation process to capture their real needs and priorities through people oriented mechanisms to promote their access to information, skills, and knowledge. Community participation is now a veritable tool in promoting health care in the 21st century due to its positive impact in utilizing locally oriented approaches and promoting community participation in financing mechanisms to support and supplement government expenditures in health care development. Community participation and PPP hardly emerge or succeed on its own but need enabling environment through the provision of good framework, decentralization of health services, workable health structure, political will, and economic development. It forms the basis for village drug cooperatives in Thailand, Bamako Initiative, community health workers activities that has been very productive in Kenya, enhanced use of health centers in Mauritania and Guinea. Community Health care workers should act as facilitators and mobilizing officers in organizing community based activities, and serve as resource persons and link between the people the agencies, and government¹⁰⁻¹⁴.

The FMOH implementation of the Health Sector Reform Program

The Health Sector Reform Program (HSRP) came on board from 2004-2007. It addressed among other things the consumer awareness, community involvement, partnership, collaboration and coordination for health. This gave rise to some legislative and policy initiatives like the National Health Policy Review and the National Health Bill, while strengthening the National Health Insurance scheme (NHIS) and helped to strengthen the quality of services and care in the tertiary hospitals with additional boost to disease programmes. Not all these reforms could transform or change the limitations plaguing the health sector. Hence, the FMOH introduced the National Strategic Health Development Plan (NSHDP) through the integration of the Federal, State and local government health plans which served as the template for mobilization of resources, resource allocation, and accountability by the private sector, development partners, agencies, communities, and all stakeholders. This was a way of bridging the gaps associated with non-involvement of

stakeholders in health development. This gap negatively affected the actualization of the Millennium Development Goals (MDG) ^{4, 15}.

Community mobilization and the global scene

Current agreement among health leaders globally is an indication of the need for strong health care delivery systems globally to be able to combat and wade off the incidence of epidemics. This is to ensure emergency preparedness, prevention, and control of killer diseases against mothers and children and effectively contain disease burdens and the rising trends of non-communicable and chronic diseases in low and middle-income countries globally. They have reorganized the strategic roles of interactions between private and public sectors in strengthening health systems without prejudice to sound technical, managerial and leadership expertise in achieving these goals. This prompted the global need for collaboration and information sharing among nations for health development towards strengthening health leaders, health systems and promoting community participation in health systems. An example of a frontline institute is the Aspen Management Partnership for Health (AMP Health). They presently train health managers with network of organizations. Many Nigerians have benefited from this programme with the view to transforming and repositioning the health sector in the 21st century ¹⁶. The short-term goals of donors who need quick objective, rational and measureable results on every of their inputs, investments and the prolonged health sector needs create and generate push and pull tensions. This tension has increased these days where the donor agencies for particular diseases introduce short-term goals with stiff targets. The tensions can be relaxed and ultimately eliminated by aligning with country-led priorities outlined in the Paris Declaration on Aid Effectiveness while utilizing community mobilization techniques in programmes implementation, supervision, monitoring, and evaluation ^{17, 18}.

Partnering for health

Partners for Development (PFD) started their operations in Nigeria in 2000 in the middle belt states of Kaduna, Bauchi, Nassarawa, and Benue. These states are composed of minority tribes with poverty and poor socioeconomic status. They built capacity with local partners numbering 20 to offer poverty alleviation services, integrated micro finances, improves marketing access, small-scale agricultural enterprise programmes and reproductive health services. They later spread their tentacles to Akwa Ibom and Delta States where they expanded their services in rendering comprehensive health support packages to People Living with human immunodeficiency virus (HIV/AIDS). Today they have reached over 850 000 rural people in Nigeria with essential health and poverty alleviating services, and capacity

building for local non-governmental organizations (NGO) and community-based organizations^{19, 20}.

Funding mechanisms and donor financing

The huge economic burden associated with the provision of health services cannot be borne by the government alone. Public financing borne by the Federal government can only support some programmes. User fee through catastrophic spending is another mechanism. This is very common in community drug schemes, drug revolving funds in hospital services and direct private drug purchases. Prepaid health schemes like the NHIS is presently operational in Nigeria and comprises health insurance for government staff, private insurance through employers, managed care operated through health management organizations and community health insurance which is still largely underdeveloped. Voluntary and local financing is now obtainable through blue-chip organizations, multinationals, faith based organizations and NGOs. Corporative and employer-provided health care services are available presently in Nigeria but at low scale²¹⁻²³.

The government access donor financing through bilateral and multilateral grants, and developmental loans through World Bank and Regional Development Banks. Globally, 60% of health care is financed publicly and the proportion increase with increasing national income. Private and NGO health services expansion and essential drugs provision shift health cost burden from the already stretched government health services. Costa Rica successfully experimented and operated social insurance in the 1940s with over 95% of hospital coverage and 85% of outpatient's consultations; Guinea Bissau successfully implemented community health insurance. Private institutions now collaborate with government to provide health services, facilities, and infrastructures through corporate social responsibilities. Sometimes the private services are cost effective and readily accessible to the end users²⁴⁻³⁰.

CONCLUSION

Financing health services demands that government work closely with voluntary organizations, donors, communities, individuals, professional associations, groups, and promote the participation of NGOs and CBOs at all levels of planning and implementation of policy for health care development. Enabling environment and inclusive framework and policies are vital to promotion of the activities of partners at all levels and should be put in place to encourage their operations and collaboration. Research and development should be encouraged and geared towards strengthening the relationship and institutional framework while creating promoting corporation with the stakeholders. Study suggests that stakeholder's commitment to services is more impactful when they are involved at the planning stage and carried along through the implementation and evaluation stage. Government and policy

makers should involve stakeholders and communities in monitoring and evaluation and ensure follow-up of all programmes for sustainability.

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