5TH EMERITUS PROFESSOR AGHAGBO NWAKO MEMORIAL LECTURE

"EXCELLENT, RESILIENT AND EQUITABLE HEALTHCARE SYSTEM AMIDST ECONOMIC DOWNTURN"

BY

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19th July, 2024

I thank the distinguished members of the Nigerian Medical Association, Anambra State, especially the members of the local organizing committee (LOC) for giving me this very rare opportunity to be the Guest Lecturer for the 5th Emeritus Professor Festus Aghagbo Nwako (Obata Obie).

I never knew he enjoyed using traditional titles in addition to his well-deserved academic qualifications. However, his traditional title was truly deserved and befitting. Professor Nwako was an exceptional pediatric surgeon and a remarkable mentor who guided many of us. I hope we honor his legacy and continue his impactful work in the field. I also hope that we will soon write a biography of him, at least to document some of his great beliefs and sayings.

To the best of my knowledge, the late Emeritus Professor Okey Mbonu was the first guest lecturer. Okey worked as Nwako's house officer, and the late Edet Nkposong (who passed away just 2 months ago), again to the best of my knowledge, was the first certified Urologist in Nigeria, was then the registrar. Their consultant at the time was the renowned Professor Fabian Udekwu, and this was at UCH in Ibadan before the Civil War.

The 2nd Lecturer was Emeritus Professor Martín Aghaji, my very good friend, who was a student under Prof. Nwako. Martin was a year ahead of us in the medical school, way back in UNN, in the seventies. The 3rd Lecturer was Professor Walter Nwafia, the former Provost. College of Health Sciences, Chukwuemeka Odumegwu Ojukwu University.

The 4th was my trainer, another Emeritus Professor of Paediatric Surgery, Nene Obianyo, she was also a mentee of Nwako's. She is the 2nd female surgeon in Nigeria, and the First female Emeritus Professor of paediatric surgery in sub-Saharan Africa. I happened to be, again to my knowledge, the longest-serving Senior Registrar in the paediatric surgical unit in the eighties, in UNTH, the reason for that longevity is a topic for another day.

The theme of the 5th Emeritus Professor Festus Nwako 5th memorial lecture is **"EXCELLENT, RESILIENT, AND EQUITABLE HEALTHCARE SYSTEM AMIDST ECONOMIC DOWNTURN."** The Prof. Nwako I used to know stood for excellence, and if he were to be alive today, he would have told me "The Rolly, excellence is utopian in this here place today, replace the word excellent with the word pragmatic". This topic is reminiscent of the lecture I gave in the 1st Dan. Nwankwo memorial lecture, in the year 2000 under the auspices of the Association of Nigerian Physicians in the Americas (ANPA), in Washington DC, "Making Healthcare Equitable in Nigeria: The Challenges." We have not reached that milestone yet, and that is the reason this topic is like a recurring decimal. The question staring us in the face today is this: can we achieve this laudable goal during this inclement economic weather?

High-quality healthcare is crucial for improving life expectancy and reducing the burden of disease. It is not cheap, but it is affordable, given the enormous resources at our disposal. Nigeria faces significant healthcare challenges, including communicable diseases such as HIV/AIDS and

malaria, maternal and child health issues, and non-communicable diseases. The quality of healthcare in Nigeria influences important health indicators such as the maternal mortality rate (814 per 100,000 live births) and life expectancy (around 55 years). However, there may have been improvements in these indicators, which the Urologists here can confirm. High-quality healthcare encompasses effective, efficient, patient-centered, timely, and equitable services.

In addressing this topic, I would like to send us down memory lane to remind us of the factors that have led us to where we are today.

HISTORICAL BACKGROUND AND CAUSES OF THE LACK OF EXELLENCE, RESILIENCE, AND INEQUITY IN HEALTHCARE DISTRIBUTION IN NIGERIA

In developing nations such as Asia, Africa, and Latin America, healthcare systems were initially established to cater for the colonial masters in urban centers where their headquarters were situated. Unfortunately, rural dwellers were neglected, and missionaries took it upon themselves to set up health centers in rural areas, without competition, forming primary healthcare centers.

With the oil boom, companies emerged, and private hospitals followed suit to provide healthcare for their workers. General hospitals evolved into tertiary centers, but the allocation of funds remains imbalanced, with urban hospitals receiving most of the resources.

Other contributing factors to our healthcare challenges include the establishment of expensive institutions similar to those in the Western world, with little consideration given to their maintenance. Furthermore, hospitals were not appropriately located. Five percent of the total annual budget (WHO recommends 11% of the Gross National Product) is allocated to urban areas. There are inconsistencies and a lack of continuity in government policies, as well as instability in governance with frequent policy changes.

The third National Development Plan, spanning from 1975 to 1983, marked the first attempt at establishing a National Health System. During the oil boom, General Gowon announced a health program in collaboration with the WHO, allocating $1.7 billion over 5 years towards a National Health Implementation Plan focused on primary healthcare. Unfortunately, this initiative never took off.

The National Health Policy was introduced between 1983 and 1985. Although it was approved in 1988, it also failed to be launched as previous attempts did. The construction of teaching hospitals across the country by the Federal Ministry of Health was politically motivated and these hospitals were often built in locations that were not easily accessible to the communities they were meant to serve. An example of this is a teaching hospital in a neighboring state that remains significantly under-utilized. Medical equipment was distributed to different parts of the country but remained unused for many years.

"The National Health Insurance Policy of 1996 was implemented under the late Gen. Sanni Abacha. It took a considerable amount of time to materialize, and we are all aware of its history and how effective it has been since its inception.

Human resources: The shortage of healthcare professionals was worsened by the brain drain. The Structural Adjustment Programme (SAP) of the mid-eighties reduced the purchasing power on both sides of the divide. This led to a brain drain, as highly skilled older colleagues left and relocated abroad.

"The Japa" phenomenon. This is the current brain drain, but the difference is the younger ones are involved, and it is more frightening, for obvious reasons. Who will replace the aging healthcare workforce?

- Lack of skilled and adequate distribution of healthcare workforce.
- Low healthcare workers' morale and frequent strikes due to poor working conditions and delayed salaries

Funding:

- Insufficient and inconsistent government funding.
- Heavy reliance on out-of-pocket payments (over 70% of health expenditures).
- Infrastructure:
- Poor condition of healthcare facilities, particularly in rural areas.
- Inadequate supply of essential medicines and equipment.
- Absence of emergency stockpiles, and inadequate logistics
- Poor leadership and lack of clear government policy:

THE IMPACT OF ECONOMIC DOWNTURN ON HEALTHCARE IN NIGERIA.

Economic downturn leads to reduced government revenues, affecting healthcare budgets- the cancellation of the one year abroad for the senior residents in the mid-eighties, denied us that rare opportunity in the transfer of technology, we misplaced our priorities .Increased unemployment and poverty raise demand for healthcare services. There is a consequent increase in health issues due to stress and poor living conditions.

Strategies for maintaining excellence during economic downturn:

1. Efficient Resource Allocation: At the moment, healthcare does not have its fair share of the revenue allocation
2. Prioritizing essential healthcare services and preventive care: Routine prostatic specific antigen (PSA) evaluations for those males above 50 years or thereabouts. This should be done annually. Testing for occult blood in stool for those above 50 years and if it is positive, they should be sent for colonoscopy, annual pap smears for the females , CDC recommends 21 to 65 years, and annual physical examinations, noting the difference between the casual and causal blood pressure readings!
3. Utilizing cost-effective practices: Ambulatory surgical practices easily come in handy. Public-Private Partnerships (PPPs): I may be wrong, but I have this odd feeling that there is so much money out there both in government and in the private sector which can be

deployed for the betterment of the populace, in terms of adequate healthcare delivery. Firstly, we must value our lives. One way is marrying private sector resources and expertise to supplement government efforts. For example, the Lagos State's Health Insurance Scheme (LASHMA), is a good example. This aims to improve healthcare access and quality through PPPs. The Indian modeI: a multi-layered universal health model that is paid by a combination of public and government regulated private health insurances along with the element of almost entirely tax funded public hospitals. The public hospital system is essentially free for all Indian residents. Since 2022, out of pocket expenditure has reduced as most healthcare expenditure is met by government health insurance schemes, social health insurance such as the Employees' State Insurance and government regulated private health insurances, achieving the goal of near- universal health coverage. Here are the drawbacks of the Indian model: low quality care, corruption, unhappiness with the system, lack of accountability, overcrowding of clinics. These drawbacks push wealthier Indians to use the private healthcare system, which is less accessible to low-income families, creating unequal medical treatment between classes. Patients from this region are a good market for those private hospitals in India, and I do hope that we will have the will to develop our healthcare system to a level that will help curb this inconveniencing medical tourism to India.

4. Technology and Innovation: Expanding telemedicine to improve access, especially in remote areas. There again this would sound utopian if the rural areas do not have basic infrastructure.
    - Innovative: Embracing cutting-edge technology and research.
    - Implementing electronic records (EHRs) for better patient management.
5. <u>Enhancing Healthcare Resilience in Nigeria:</u>
    - Approaches: Strengthening Supply Chains:
    - Ensuring consistent availability of essential medicines and medical supplies.
    - Diversifying suppliers to avoid disruptions.
    - Integrating pharmaceutical supply chains with modern technologies
    - Efficient procurement and effective supply chain management system
6. Community engagement: Partnerships with local organisations.(What happened to the People's Club of Nigeria of the good old days?), and stakeholders. Our social security is our extended family members, we still do operate the nuclear family system, and our village meetings should be strengthened to cater to the health needs of our people via insurance policies. Here is the drawback—insecurity!!
7. Infrastructure Investment:
    - Building and upgrading healthcare facilities, especially in rural areas.
    - Investing in renewable energy solutions to address power supply issues
8. Workforce Development:
    - Training and retaining healthcare workers through better incentives and working conditions.Salaries must be paid as and when due. It is highly immoral and unethical not to pay salaries at the end of each month. Where I work, in LASUTH, by the 23rd of each month, I get an alert for my salary, fully paid.
    - Implementing continuous professional development programs.

- Conducting supportive supervision, maintenance of human resource information system, and national task-shifting policy can help address critical health workforce gap and misdistribution
- Training in disaster preparedness and offering rewarding packages to increase willingness to participate in disaster management

9. Healthcare financing: Context-specific healthcare financing mechanisms,cross-subsidization from rich to poor and low-risk to high-risk groups, reducing health system reliance on OOP payments and maximizing risk pool. There should be good leadership and governance
    - There must be a healthy collaboration with all stakeholders. That brings to my mind the role of pharmacists and other allied medical professionals. They must be rightfully engaged.
    - Build strong partnership and accountability mechanisms(bottom-up/top-down)
10. <u>Ensuring Healthcare Equity in Nigeria:</u>
    - Equity in healthcare means all Nigerians, regardless of socioeconomic status, have fair access to quality healthcare services. However, the challenges to achieving this equity include the rural-urban disparities:
    - There are significant differences in healthcare access and quality between urban and rural areas.
    - Economic Barriers:
    - High out-of-pocket expenses make healthcare unaffordable for many.
    - Social Determinants of Health:Factors such as education, housing, good water supply, and nutrition impact health outcomes. I had touched on some of the historical reasons that made it so.

Strategies for Promoting Equity During Economic Downturns in Nigeria:

- Expanding Health Insurance Coverage:
- National Health Insurance Scheme (NHIS) and state-level schemes to reduce out-of-pocket expenses.
- Example: Enugu State's Community-Based Health Insurance Scheme.
- Community Health Programs:
- Deploying community health workers (CHWs) to underserved areas.
- Focusing on Primary Healthcare
- Strengthening primary healthcare centres to provide essential services and preventive care.
- The role of mothers in promoting healthcare cannot be overemphasized. If mothers are allowed to treat fever effectively in their babies, the mortality rate from malaria would fall drastically. We should not forget the role of chemists in rural settings.
- Addressing basic health needs to reduce the burden on secondary and tertiary care facilities.The role of pharmacists and laboratory technologists must be very well defined.

<u>Policy Recommendations for Nigeria</u>

- Increase and Protect Healthcare Funding: In January, President Bola Tinubu approved N28.78 trillion as fiscal appropriation for 2024 of which N1.34 trillion was allocated to the Federal Ministry of Health and social welfare, representing 4.64% of the budget.

- The WHO has produced substantial material on health care financing issues, going back to at least 1963. It never firmly adopted or published a recommendation that countries should spend 5% of national income in healthcare. The 5% figure first appeared in WHO document in 1981 as an indicator that should be monitored , not as a recommended level of health spending. It appears that researchers, journalists and policy makers later transformed the figure into a recommendation. “No one shoe size fits all.” Therefore, how much should our country spend during an economic downturn and given our current epidemiological profile relative to our desired level of health status? Also taking into account the cost of other contending demands on social resources. I chose to answer this question with the “Peer Approach”. This asks how a country fares relative to similar countries; it is the easiest to quantify but probably the least informative.
- Ensuring a stable and adequate healthcare budget, even during economic downturns.
- Prioritizing healthcare in national and state budgets.
- Promote Healthcare Innovation:
- Encouraging the adoption of telemedicine, despite its shortcomings, and other digital health solutions.
- Supporting research and development in healthcare.
- Strengthen Social Safety Nets: subsidies, soft loans , cheap and mass transportation
- Implementing robust social safety nets to protect vulnerable populations.
- Ensuring food security, education, and housing as part of a holistic approach to health.
- Enhance International Cooperation: Collaborating with international organizations for funding, technical assistance, and capacity building.
- Example: Global Fund’s support for HIV/AIDS, TB, and malaria programs in Nigeria.

Conclusion:

Economic downturns pose significant challenges but also opportunities to strengthen Nigeria’s healthcare system. Focusing on excellence, resilience, and equity can lead to sustainable improvements in healthcare.

Collaborative efforts among policymakers, healthcare providers, and communities are essential. Prioritize investments in healthcare infrastructure, innovation, and equitable access to ensure robust health systems capable of withstanding economic challenges in Nigeria.

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