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Landscape Analysis of the Engagement of Private Sector In Achieving Universal Health Coverage In Nigeria and the Policy Implications

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ABSTRACT

Global efforts in health over the last decade have been towards achieving universal coverage for all populations. Quality health service and financial protection are vital component in the implementation of UHC in any country, though its specific framework differs depending on the context of the country. Public sector involvement in the achievement of this cannot be over emphasized but the role of the Private Health sector in achieving UHC in developing countries has rarely been well understood. This is because in most low-income and middle-income countries (LMICs) which include Nigeria, the sector is generally large, poorly documented, and very heterogeneous, and extremely profit oriented. This study used the landscape analysis approach which examines an existing system and the multiple factors of the system which can indicate preparedness of the system for an intervention. This landscape analysis is aimed at exploring the existing structure of Private sector in healthcare in Nigeria and how the structure shapes the sector's engagement in the achievement of UHC in Nigeria. It explored the various groups that make the Private Health sector in Nigeria, their characteristics and how these characters shape their involvement in the progress towards universal health coverage in Nigeria. Furthermore, it used a framework to link systemic factors in Nigeria with the Private health sector and UHC in Nigeria. Finally, it recommends a policy strategy and feasibility on how the Private Health sector can be integrated into the health system to harness its benefits for the progress towards UHC in Nigeria.

Keywords: Landscape Analysis, Private health sector and UHC

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INTRODUCTION

Global efforts in health over the last decade have been towards achieving universal coverage for all populations. According to the World Health Organization (WHO), Universal Health Coverage (UHC) is defined as access to key promotive, preventive, curative and rehabilitative health interventions for all at an affordable cost, thereby achieving equity in access and financial protection.[1] Quality health service and financial protection are vital component in the implementation of UHC in any country, though its specific framework differs depending on the context of the country. Existing evidence show that both Public and Private sectors are critical for an effective health system that is needed for achieving UHC.[2] Public sector involvement in the achievement of this cannot be over emphasized but the role of the Private sector has rarely been well understood. This is because in most low-income and middle-income countries (LMICs) which include Nigeria, the sector is generally large, poorly documented, and very heterogeneous, and extremely profit oriented. [3] The Private sector in this landscape analysis comprise of all privately owned institutions and individuals providing health care. Understanding the Private sector in Nigeria, and its role is key to harnessing the benefits of integrating the sector into the vision of achieving UHC. Previous studies have focused on effects and roles of the Private sector in the health system but very few have studied the private sector engagement in achieving UHC in Nigeria. This study used the landscape analysis approach which examines an existing system and the multiple factors of the system which can indicate preparedness of the system for an intervention, and also affects the implementation of the intervention. This landscape analysis is aimed at exploring the existing structure of Private sector in healthcare in Nigeria and how the structure shapes the sector's engagement in the achievement of UHC in Nigeria. Furthermore, it would recommend an approach for integrating Private Sector in healthcare into the Nigeria health system for it to accelerate the progress towards UHC.

Applying this approach in this study would not only highlight the roles of private sector, it would also show factors that shape how the private sector promotes the achievement of UHC. It would also show the preparedness of the health system for intervention from the private sector to promote UHC in Nigeria.

The Nigeria Situation

Nigeria has a long history of trying to achieve healthcare coverage for its population that is distributed in 36 states and the federal capital territory (Abuja). As a developing country with a population of about 180 million, and spending about 3.1% of her gross domestic product on health, achieving UHC seems to be an impossible task.[4]The health system operates on

federal, state and local government levels without clear demarcation of roles and funding among the different levels.

Nigeria has a National Health Insurance Scheme (NHIS) which was established by a federal government decree in 1999 as a programme to help achieve universal coverage using financial risk protection mechanisms[5]. The actual implementation of the NHIS commenced in 2005 through the Formal Sector Social Health Insurance Programme (FSSHIP) that was established to cover employees of federal, state and local governments, and those of private institutions employing at least ten workers [6]. Other programmes envisaged by the NHIS include a programme for rural dwellers, armed forces, police, and allied services, students in the tertiary institutions, voluntary contributors, and retirees. Currently, less than 5% of Nigerians (mainly federal government employees and their households) are covered by health insurance, and this is largely through the FSSHIP.[7] The NHIS have not been accepted and implemented by most State governments and the Private Sector. The reasons for this poor acceptability are not directly within the scope of this landscape analysis.

In Nigeria, the private sector is the dominant sector and largely profit oriented.[8] It comprise of qualified, unqualified and unregistered participants. It influences decisions made in the Public Sector and it is accessed by higher proportion of the population. The activities of the Private sector in Nigeria are mainly funding of almost 70% of the Total Health Expenditure, (THE), providing health services to most of the population and also funding the Public Sector through public-private partnership.[9]

Markintosh Tripartite Model

Using the Markintosh tripartite model of three dimensions[10], the private sector in Nigeria is the major stakeholder funding the health sector in Nigeria. The dimension 1 of the model has the private share in health spending which in Nigeria has consistently been almost 70% of the THE which gives a snap shot of who bears the financial burden of the health system in Nigeria. The dimension 2 focuses on the share of private sector in patient treatment. Available data shows that the private sector in Nigeria provides services for over 80% of the population seeking Healthcare services, leaving the Public sector to provide service for less than 20% of the population. The dimension 3 of the model explores the reliance of the Public sector health facilities on fees and charges. In Nigeria, out-of-pocket payments approximately make up to 64% of Public sector expenditure annually.[9]

This gives an insight that the Private sector not only provides services for most of the population but it also funds the Public health care sector. The Table 1 below gives details of these data

Table 1: showing Total Health Expenditure in various developing countries in relation to the Private Sector

	Dimension 1 (private share in health spending)				Dimension 2 (share of private sector in visits for treatment)		Dimension 3 (public sector % reliance on fees and charges)
	Column 1: private % of THE in 2000	Column 2: private % of THE in 2012	Column 3: OOP payments as % of THE in 2012	Column 4: prepaid plans plus social security as % of THE in 2012	Column 5: private sector % of total outpatient visits, primary care visits, or all visits (year)	Column 6: private sector % of inpatient episodes or hospital visits (year)	Column 7: OOP payments % of total public facilities' expenditure (year)
India	73%	70%	61%	4%	75% (2014)	62% (2014)	2% (2014)
Nigeria	67%	67%	64%	2%	82% (2008–09)*	NA	64% (2005)
Sri Lanka	52%	61%	51%	3%	50–60% (2008)	5–10% (2008)	0% (2008)
Thailand	44%	21%	12%	14%	34% (2011)	10% (2011)	10% (2007)
Argentina	46%	31%	20%	45%	45% (2010)	47% (2010)	0% (2014)
South Africa	59%	52%	7%	43%	29% (2008)	18% (2008)	8% (2005)
China	62%	44%	34%	41%	18% (2003)	3% (2003)	87% (2001)
Malawi	54%	44%	10%	2%	29% (2003)	30% (2003)	9% (2005–06)
Tanzania	57%	61%	32%	3%	40% (2007)	22% (2007)	38% (2009–10)
Nepal	75%	61%	49%	0%	65% (2003)	46% (2003)	7% (2008–09)
Ghana	50%	32%	29%	17%	36% (2003)	35% (2003)	25% (2009)

Source: WHO World Health Statistics 2015

CLASSIFYING PRIVATE SECTOR IN NIGERIA

The classification used here is the standard classification adapted from the Lancet series on Private sector involvement in UHC.

Low-quality, under-qualified, unqualified and unregistered providers

In Nigeria, these groups are the most common. They range from the patent drug peddler to the community health worker or nurse assistant that consults in a clinic. The strength, scale, and scope of low-quality, under-qualified providers are established mainly because the gap created by an ineffective health system. They are present in both the rural and urban areas in the country. Their practice is not based on scientific knowledge but they are patronized because their services are readily accessible, not financially burdensome and the providers identify as members of the communities.[11] The low and middle class in the population mostly access care from this group.

Non-profit providers

Non-profit organisation in Nigeria are a highly diverse set of providers, ranging from international multilateral organizations, bilateral organizations, global non-governmental organisations (NGOs). Such providers' separation from government can be beneficial for system-level outcomes, perhaps because they are able to better manage performance in terms of equity and quality, or because they allow access to services by groups that would otherwise be politically sensitive.[12] In Nigeria, most participant in this group are international

partners and donor agencies that support vertical programmes.[13] The multiplicity of these agencies and partners supporting vertical programmes can weaken the health system and dilute the focus by the government on other vital programmes of the health system.

This group promotes health coverage for members of the population that are within her vertical programme. Mostly, they provide coverage for the vulnerable or socially excluded in the population leaving out others.[13] Their activities promote coverage, and if well harnessed could support the progress towards UHC in Nigeria. They are also a strong promoter of preventive health services in Nigeria

Formally registered, small-to-medium private practices

Small, trained, sole practitioners (doctors or nurses or midwives) probably form a substantial share of the private sector, although comprehensive data of those presently practicing in Nigeria are not available at the system level.[14] Private providers tend to perform better than the public sector in relation to patient satisfaction but not necessarily offering a better quality care.[15] Due to the profit oriented nature of the members of this group in Nigeria, financial risk protection is a recurring challenge in promoting progress towards UHC in Nigeria. Furthermore, they are not focused on preventive health which may be needed by the general population

This group of the private sector rely on fees for revenue, and if they would promote UHC, a safety net would be needed to protect members of population that need healthcare services from financial impoverishment. These small practices, which are formally registered and run by qualified providers, should be good targets for the partnership with the government and other partners for support in promoting UHC in Nigeria.

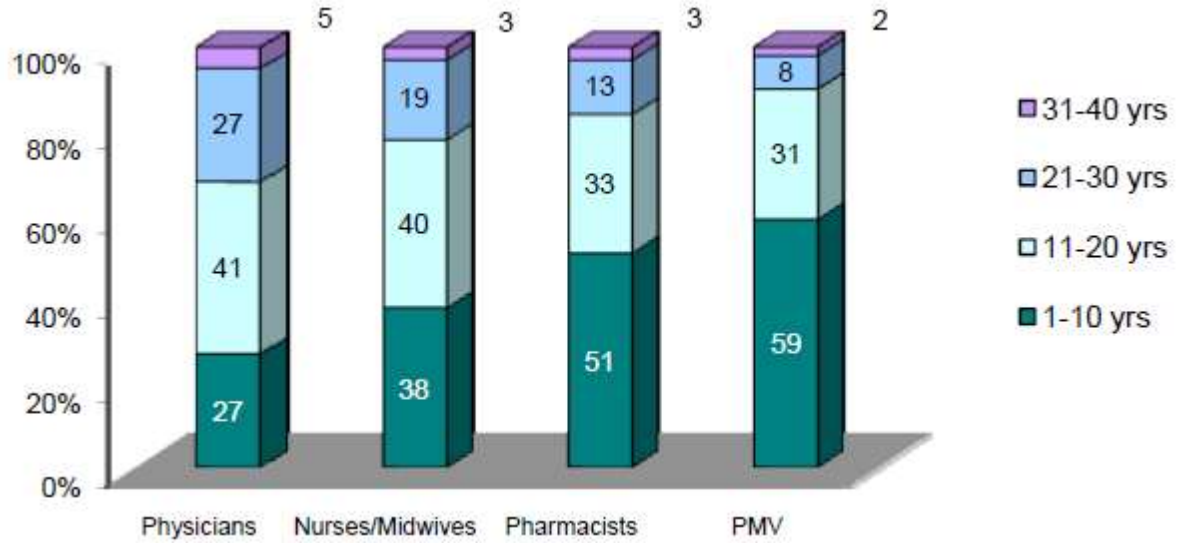
Corporate, commercial providers

The corporate commercial hospital sector is a major player in the Private sector. However, the capital needed for establishing and maintaining corporate hospitals is quite extensive. This places a limit on members of the population that access health services in such hospitals. it is unrealistic to suggest that universal access to services priced at this level can be achieved at feasible levels of national health expenditure.[16] This group provides quality services to a small section of the population but does not offer much support to universal health coverage and rarely also provide preventive services.

Proportionality of Stakeholders in Private Health Sector

Data on exact number or proportion of the different players in the Private Health sector in Nigeria is not readily available. However, available data show that the Patient Medicine Vendors (PMV) joining the Private health sector in Nigeria are of higher proportion than the properly trained and qualified medical practitioners. [17]The PMVs are made of the untrained,

unqualified and unregistered players in the Private health sector. They make a high percentage of the stakeholders in the Private sector but do not provide any effective healthcare coverage to the population. Their presence and high proportion is due to the weakened Public Health sector and absence of financial risk protection for the population.



Source: SHOPS/USAID 2010

Figure 1 showing the years of practice experience by provider type in Private Sector

SYSTEM FACTORS DETERMINING PRIVATE SECTOR ENGAGEMENT IN UHC IN NIGERIA

Structure and Performance of the Public Sector:

In Nigeria, the structure of the Public sector is aligned along the three tiers of government, federal, state and local government. This structure limits performance because the primary health care is left mainly to the local government that is massively limited in funding the health system. The structure also allow responsibility shifting and cost shifting between the Federal and State government thereby limiting performance of the health sector. It creates unspecified responsibilities and roles among the three tiers of government. These gaps created by the structure and performance of the Public sector in Nigeria makes a ready "market" available for the different groups of the Private sector to function and flourish in Nigeria which could give them monopolistic powers to determine price and services available thereby limiting UHC in Nigeria.

Characteristics of Patient Demand for Healthcare:

Patient characteristics in Nigeria differ extensively and this affects Private sector performance. The poor and uneducated patients would readily seek care where it is very cheap with low quality and readily accessible even though they know the providers may not be fully qualified. The high socio-economic group would seek care where they can access quality and qualified professionals while the middle class would vary where they seek care.

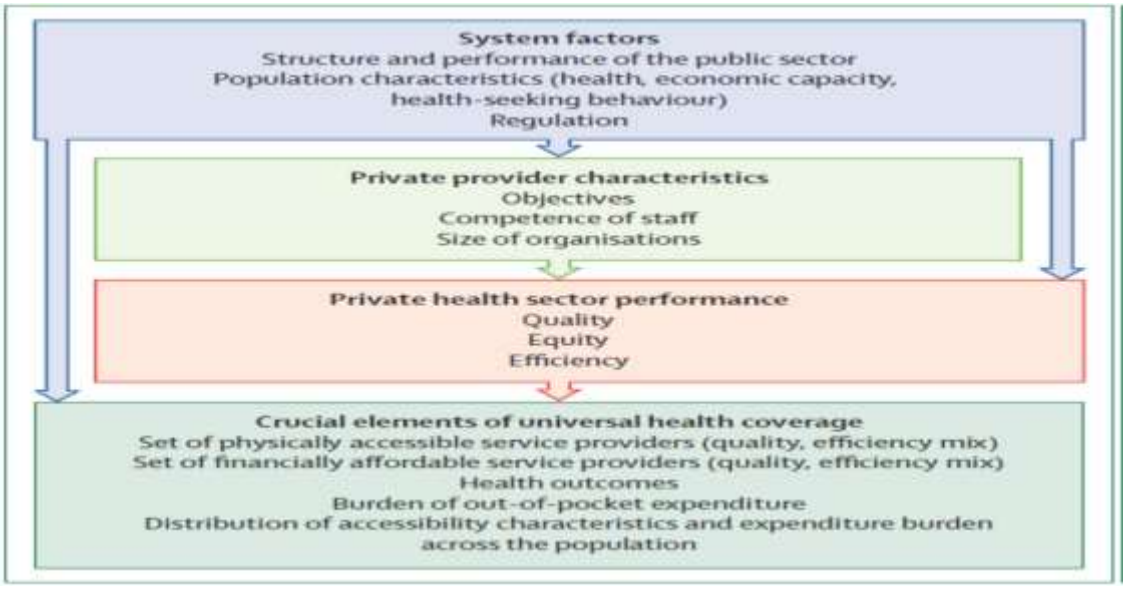
[18]These characteristics among the Nigerian population make the Private sector to be a major player and stakeholder in the achievement of UHC in Nigeria

Regulation of Private Health care sector:

This is a process which is not fully functional in the Nigeria Health system[19], but would be needed to help harness the gains of the Private sector and also prevent it inhibiting effect on achieving UHC. Regulation of the Private sector in Nigeria is an utopian task because of the aforementioned reasons but it is a needed process if UHC would be accomplished in Nigeria

Linking System factors to Private Health Sector and UHC

The Private sector structure in Nigeria is complex and well spread along the model explained above. This makes it difficult for standard practice and regulation because of various levels and types of Private sector practice. Linking the system factors that affect Private sector performance with the Private sector objectives and characteristics is a critical way to show how the strengths of the Private sector can be harnessed[20] in the progress toward achieving UHC in Nigeria. Figure 2 below is a framework showing the linkage.



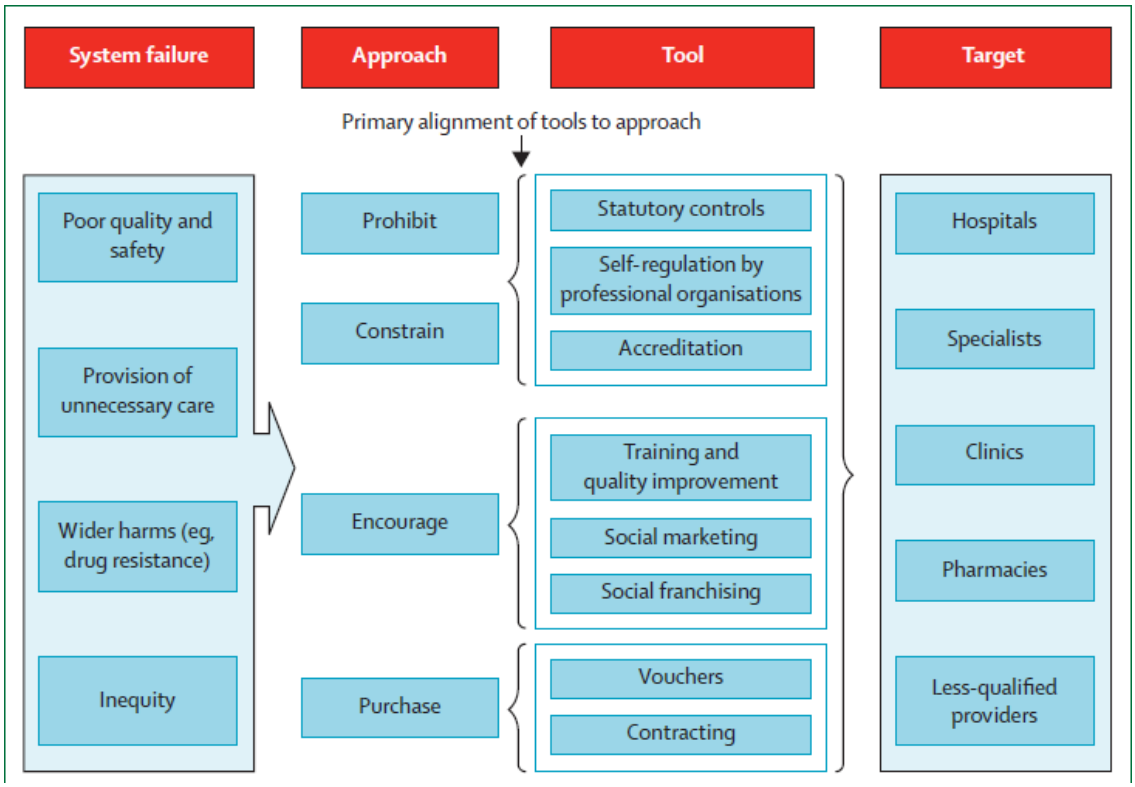
Source: Lancet June 2016

Figure2: Framework Linking System factors to Private Health Sector and UHC

POLICY STRATEGIES FOR INTEGRATING PRIVATE SECTOR IN NIGERIA HEALTH SYSTEM TO ACHIEVE UHC

The policy strategies for integrating Private sector into the Nigeria Health system in achieving UHC can best be explained using the Lancet series framework on 'integration of Private sector into the health system'[21]. Figure 3 below is the policy strategy schema. It explores the limitations and challenges of the Private sector in Nigeria as system failures that can inhibit the progress of UHC. Approaches and tools are specified for each system failure,

suggesting definite pathways for each noted failure and also a target sphere the integration strategy can be applied.



Source: Lancet June 2016

Figure 3 showing the policy strategy schema for integrating Private Health Sector

Policy feasibility in Nigeria

Stakeholders Analysis:

The multiple stakeholders with different objectives and characteristics in the Private sector would make the integration strategy a challenge. This could be addressed by comprehensive stakeholder analysis, and serial stakeholder forum. The health professional groups involved in the Private sector should be well engaged and enforce quality care, accreditation and registration of every facility. The objective of UHC should be well embedded into the facilities and professional groups. Regulating bodies should also be empowered to sanction or prohibit any facility or individual that offers sub-standard health service

Contextual Analysis

The weak and ineffective Public sector which is the context in which the Private sector operates needs to be strengthened for any benefit of the Private sector engagement to be evident. A strong and effective Public sector would maximally reduce the unqualified and unregistered providers of the Private sector. Also, the poor economic status of most of the Nigeria population would require a safety net be provided for financial risk protection. Furthermore, the existing public-private partnership system in the country should be encouraged and expanded for its benefits to get to the population

Content Analysis

The NHIS should be restructured and the Private sector engaged more in its content. The state and local governments should also be well integrated with the NHIS structure. The existing professional groups should have definite standards, penalties and methods of enforcing such. The policy strategy on integration of the Private sector into the vision of UHC in Nigeria should be explicit and made available to the population

CONCLUSION

Effective Health system is a major determinant of UHC in every country. In Nigeria, achievement of UHC is prevented by different factors intertwined with the weak mix of Public and Private Health sector. Implementation of the integrated approach would help prevent the inhibitory effect Private sector can have on UHC and ensure that the gains of Private sector is well harnessed in achieving UHC. Engagement of the Private sector in the progress towards achieving universal health coverage in Nigeria is a task the government and policy makers in Nigeria have to critically approach holistically with an aim of accelerating the progress in keeping with the SDG of 2030.

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