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A QUALITATIVE ASSESSMENT OF JUST HEALTH CARE IN NIGERIA

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ABSTRACT

Countries in Sub-Saharan Africa share at least three things: cultural heritage, a high burden of disease and a low financial commitment to health care. This paper asks questions of justice about health care systems in Sub-Saharan Africa, in particular Nigeria. The questions are about access to the available health resources and services within African healthcare systems. While the sub-region as a whole cannot boast of good health care, certain population groups are relatively more disadvantaged. This suggests either or both of two problems: a) that access to basic health care is not proportionate to the populations' needs; and/or b) that the distribution of the available health care resources favors some over others. Against this background, the research develops a framework of Just Health Care. The resulting African principles are mapped onto the health care sector and finally blended into the Harmonised Framework of Just Health Care. By combining the insights from Daniels with African values and approaches, it is possible that just healthcare will be attained in Nigeria and beyond.

Keywords: Health, Healthcare, Nigeria, Africa, Primary Healthcare

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1. Introduction

Health and wellbeing are indispensable concerns for every human society and health care is important for every human person. Questions about the distribution of healthcare resources and services thus affect everyone. In the event of ill-health, the first consideration is often the location of a health care facility, and the type of care sought is often only as important as the health it brings. Where one therapy is ineffective, another is considered, and the process continues until an effective treatment has been found (Sanusi & Awe, 2019). The health care search assumes that a remedy can be found, and should be available and accessible to everyone who needs it. This assumption is based on the perception that health is paramount, and that whoever seeks healthcare should be provided with the available treatment. There is a sense in which we believe that health is vitally important, so that we are obliged to make the available remedies accessible to all who need them. And 'available' here goes beyond what is available locally, which may be very little. The obligation is important as an ideal, although the reality of health and illness and the nature of access to health care may be very different. A recent World Health Organization (WHO) report showed that 400 million people around the world do not have access even to the most basic health care, and that 6% of people living in low and middle income countries fall into extreme poverty because of out-of-pocket health care spending (WHO, 2022).

In traditional African societies, health care was considered a community affair. For instance, a traditional healer had unrestricted access to farmlands or other properties where herbal remedies for particular diseases were to be found (Renne, 2016). Since much of the African context remains largely communitarian, one would expect that such traditional ideals are carried over into contemporary health care practices in Africa. However, despite such traditional African ideals of health care as a common concern, the continent remains infamous for persistently poor population health, especially when compared to Europe, North America, Australia and Japan. On the other hand, Western countries are known to support African countries by providing medical and other related aids. This support is accompanied by the transference of medical knowledge as well as health system design. As a result health care in contemporary Africa is mostly Western-style, or focuses on what Westerners call conventional medicine. At the same time, African traditional medicine is still widely practiced alongside Western medicine, mostly in alleviating conditions that are not known to Western medicine (Omonzejele, 2008). Hence, health care in much of Africa remains a combination of Western

medicine and traditional therapeutic approaches. In short, medical syncretism is a common practice in much of the continent.

In order to see what role justice has towards health care reform in Nigeria, it is important to have some insight into the current situation. Such an exploration will establish the reasons for the underlying disparity that needs equalising. Much has been invested towards improving health care in Nigeria over the past decade, yet a notably positive outcome has not been realised in terms of infrastructural development and population health (WHO, 2020). To cite an example, Just Health Care in Nigeria is yet to be consolidated, and its development is marred by inadequate facilities, personnel and services (Okeke & Okeibunor, 2018). A survey of the Lagos University Teaching Hospital – one of Nigeria's specialist public hospitals – shows that the children's ward does not operate on good practice, as children with different health conditions, possibly communicative, are made to share beds (Okeke & Okeibunor, 2018). As a result of such poor conditions, most parents would wish to use private hospitals which they perceive as providing better services, but most parents are limited by insufficient funds. In 2013, workers of the Abuja National Hospital went on strike over what they termed "deplorable conditions militating against enhanced medical services" (Okeke & Okeibunor, 2018).

The quality of care provided in many public health facilities in Nigeria is inadequate (WHO, 2022). Among the many challenges, hospital acquired infections are frequent, and are mostly attributed to the poor surveillance mechanism in the healthcare system (Renne, 2016). Emergency medical services are not readily available, especially for obstetric care and basic trauma life support – with rural health care facilities being among the worst. Where emergency services are available, the quality of care is often less than optimal, as staff are mostly poorly trained (Renne, 2016). The poor conditions and inadequacy of services provided in public health facilities means that many patients are compelled to seek care in private facilities that promise better conditions, yet charge higher fees. However, much of the population cannot afford the cost of services in private health care facilities. Hence, many are compelled to either trade most of their other needs for private healthcare, or accept the inadequate care in public facilities.

Therefore, it is not surprising that many individual patients with desperate conditions seek financial support from the general public toward private medical treatment in Nigeria. These cases are frequently reported through various news media, and some patients are known to have received donations from generous Nigerians. To cite an example, the *Tell Magazine* reports on a patient whose financial status has been diminished by his health condition over three years (Sanusi & Awe, 2019). He needed a kidney transplant and was required to pay N5

million (approximately £20,000) as an initial payment towards surgery. As he could not afford this sum, he sought financial assistance from any generous citizen.

2. African Bioethics and Justice

What is presently considered as African bioethics largely addresses ethical issues arising in African health care in the light of the established bioethical theories and principles. The dominant trends in bioethics, which are now accepted as the established theories for bioethics globally, have mostly been developed in the West. They are traceable to the vast literature emerging especially from North America and Europe. Much of the efforts at "African bioethics" have simply taken these established theories and applied them to African problems. In this form, the attempts pass as African bioethics on the grounds that they are either undertaken by Africans or address relevant healthcare problems in Africa. The current outlook of African bioethics thus appears to be the application of Western bioethical theories to Africa-specific problems. In short, the phenomenon can best be described as "African bioethics in a Western frame" (Okeke & Okeibunor, 2018).

3. Health Research Ethics in Africa

Health research ethics is presently the most developed aspect of bioethical considerations in/about Africa. The trend is pronounced in the existing literature on health research ethics in Africa, as mostly developed by scholars of African origin. Among these, Omonzejele (2008) evaluate the ethical implications of the infamous research trial by the pharmaceutical corporation Pfizer, in Nigeria. In establishing the ethical flaws of Pfizer's trial, they employ the international guidelines for conducting research in low and middle-income countries. They make no recourse to how substantive African ethical values should inform these guidelines, given the specificity of the context. Similar routes have been taken by other researchers, as seen in exploratory discussions on: informed consent practices in Nigeria the promotion of research integrity in Africa; and ethics and researcher identity (Omonzejele, 2008).

4. African Justice for African HealthCare

That a coherent African approach to Just Health Care has not yet been established should not be taken as an oversight; it is rather an indication of the enormous task that African bioethics must approach. What exists in the current literature should serve as a platform towards further research on broader issues, especially those relating to justice in population health. As Renne (2016) noted, there is a vast area of research in African bioethics which still lies fallow, including ethical considerations in: biodiversity, disease and treatment, poverty and disease, medical practice, health care and professionalism, and biomedical research. As a possible way forward, Renne (2016) suggested integrating elements of solidarity, especially those of mutuality and interdependence, in considering effective strategies for health promotion in Africa.

5. Social Context of HealthCare

The social settings of any given context significantly determine the health status of the population and the distribution of relevant healthcare, as findings on the social determinants of health have shown (WHO, 2022). For instance, the tropical climate in Nigeria provides a suitable breeding ground for mosquitoes, which in turn makes malaria endemic in the country. In order for a strategic approach for just distribution or equitable access to health care to be effective, the relevant social context will require significant consideration. In edging towards a framework for Just Health Care in Nigeria, the relevant social features to consider will include: the natural environment and political organisation, cultural values and religious beliefs, population distribution and standard of living, and the socio-economic situation of the country. Together these constitute a fundamental determinant of the population's health and the kind of health care accessible to them (WHO, 2022).

6. The Natural Environment and Political Organisation

The natural setting and institutional structure of a country bear on the health status of its population. For example, low levels of resources and poor institutional infrastructure in a country, such as in Somalia (WHO, 2018), will adversely affect the kind of health care that the population can get, and could considerably reduce their health status–in a similar way Nigeria's tropical conditions imply high malaria burden. These conditions vary for different contexts and

have varying implications for healthcare. Hence, there is a need to understand the natural setting, the kind of available resources and the institutional structure in Nigeria, in order to proffer a relevant approach for Just Health Care (WHO, 2018).

7. Child Health and Mortality

The health condition of children offers a valuable indication about the general health of the population and the extent to which the latter can access quality health care services. Accordingly, the state of child health and rate of mortality among Nigerian children will offer insight into the population's health. The Nigeria Demographic Health Survey (NDHS) 2013 shows that "…one in every fifteen Nigerian children dies before reaching age one, and one in every eight do not survive to their fifth birthday" (Okeke & Okeibunor, 2018). This is in spite of a 26% and 31% respective decline in the mortality rates over the past fifteen years. By comparison, in the United States, only approximately 6 out of every 1000 children are estimated to die before their first birthday, and only 7 in every 1000 by age five (WHO, 2022). These figures show that child survival rates in the United States are significantly higher than those in Nigeria. One would therefore conclude that access to basic health and other medical resources for children in the United States is considerably better that in Nigeria. One implication is that there is either an absence of quality basic health care available to children in Nigeria or access to such services is limited.

8. Maternal Mortality

Closely linked to child health and mortality is maternal mortality, which consolidates the observation, made above. Worldwide, the 10 countries with the highest maternal mortality ratios are in Africa, and an estimated 14% of maternal deaths globally occur in Nigeria (WHO, 2018). 1 in 30 women in Nigeria will have a death related to pregnancy or childbirth, as an average of 567 deaths occur in every 100,000 live births, and 32% of all deaths among women aged 15 - 49 are maternity related (WHO, 2018).

The causes and effects of the listed major infectious diseases are linked to environmental and living conditions. For instance, while malaria is caused by mosquito bites, poor and open drainages or pools of stagnant water could harbour mosquitoes, leading to greater rates of infection and death. Tuberculosis and cholera are mainly transmitted through poor

sanitary conditions that are often evident in Nigeria (WHO, 2018). The burden of disease in Nigeria thus also includes poverty and development related features.

In the United States infectious diseases have a relatively insignificant effect on the population's health, accounting for less than 6% of total fatalities. The leading causes of death in 2013 with the corresponding figures include: heart diseases, 611,105; cancer, 584,881; chronic lower respiratory diseases, 149,205; stroke, 128,978; Alzheimer's disease, 84,767; and diabetes mellitus, 75,578 ((WHO, 2018).

9. Financial Resources for Health

Nigeria's health care system is largely funded through the National Health Account with a large proportion of finance coming from the federal or central government. Although the structure of Nigeria's health system suggests that health care is the responsibility of the three levels of government, in practice it is jointly financed through tax revenues, out-of-pocket payments, donor funding, and health insurance (Sanusi & Awe, 2019). The government's total spending is estimated at 38% of the total annual expenditure on health care, with household spending accounting for 59%. In terms of the government's total expenditure, health care only accounts for approximately 6.7%, which is way below the 15% global benchmark (WHO, 2022).

10. Conclusion

The current health care situation in Nigeria requires relevant reforms at the levels of policy formulation, implementation of plans, infrastructural development, as well as resource distribution strategies. Several empirical strategies are already being deployed towards reforming the health care system, but these have not been complemented by desirable outcomes. According to the study, a viable ethical framework is needed to bolster the current reform strategies. Policy makers can consider the harmonised framework as a foundational tool in seeking the relevant ethical guidelines towards more just and effective reforms. Considering the challenges encountered by the application of the ND Account in some African contexts, like Tanzania, an Africa-specific approach has the potential to better address the varying justice questions for the population's health. Where the African account captures foundational local ethical considerations, it can inform relevant reforms even in other parts of the continent.

Situating the harmonized framework within the policy process could help policymakers to better consider the relevant issues and address them in ways that are appropriate to the local context.

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