

Health experts in Nigeria call for new president to prioritize health care and refrain from politicizing it

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Health experts in Nigeria say the country's president-elect, who will be inaugurated on 29 May, must focus on health care. During the election

campaign, incoming President Bola Ahmed Tinubu and his All Progressives Congress (APC) party released an 80-page campaign manifesto which promised to scale up the country's national health insurance policy.

"Our government will scale-up the National Health Insurance Authority (NHIA) Act with the objective of implementing a mandatory [health insurance](#) scheme to cover at least 40% of the population within two years," the manifesto stated.

Only about 20 million Nigerians—10% of its 200 million population—currently have health insurance, according to the NHIA's Strategic Plan 2020–2030. About 70% lack access to [health care](#), most of them in the informal sector.

While Nigeria committed to achieving [universal health coverage](#) (UHC) by 2030, its National Health Insurance Scheme (NHIS) established in 2005 makes health insurance coverage voluntary.

This was widely criticized as being a major impediment to the attainment of UHC.

However, in May 2022, after two decades of sustained calls by [health professionals](#), a new Act was passed which aimed to provide health insurance for all Nigerians, through a mandatory mechanism and in collaboration with state health insurance agencies.

Hollow promises?

Goke Akinrogunde, a public health specialist and lead doctor at GTAK Health, a clinic in Lagos, Nigeria, told SciDev.Net that the incoming president's promise to scale up the National Health Insurance Scheme might be a political gimmick.

"This is rather ambitious with respect to making 40% of the Nigerian population key into the health insurance within two years," Akinrogunde explained, highlighting the difficulty of achieving this in less structured rural Nigeria.

Akinrogunde wants to see the government prioritize increasing access to health care for vulnerable groups.

Adeyeye Arigbabuwo, chairman of the Lagos State committee on national health insurance, said, "What is key is a mechanism with which you can mobilize around 70% of Nigerians who are in the informal sector, who are not covered... [and] bundle them properly in the world-best practice of health insurance."

He also stressed the importance of a strong health workforce, adding: "Human resource in health is very key.

"With the migration of [health workers](#), if we don't create a magnetic attraction to retain our health workers, it will have an effect on our level of coverage."

Doyin Odubanjo, executive secretary of the Nigerian Academy of Science, says it is possible to scale up the national health insurance scheme to cover at least 40% of the population within two years if there is strong political will, as seen in the Ebola and COVID-19 responses.

"When there is a political will, you get a lot done more easily and very quickly," he told SciDev.Net.

"When there was political will, for instance, with Ebola in the country, COVID-19, everybody was serious—from the federal to state and even the private sector.

"This is the kind of will we need."

Out-of-pocket costs

A lack of insurance cover also means people have to bear the financial costs of health care themselves, creating a huge barrier to accessing services.

The 2021 global monitoring report on financial protection in health, released by the WHO and World Bank, shows that health spending, including out-of-pocket health payments, pushes many households below the poverty line.

A 2017 World Bank study revealed that 100 million people globally are pushed into poverty each year by out-of-pocket health expenditure.

A study published in *The Lancet* in 2018 also showed that 8.6 million people a year die because they have no health insurance.

The APC manifesto pledges to increase the health budget, upgrade all local hospitals, and build a network of static and mobile clinics "so that no person lives more than three kilometers or a 30-minute walk from a primary facility."

Health worker exodus

But Odubanjo doubts the capacity to staff and equip such facilities. "If you want to have a health post at every three kilometers, who is going to be there?" he asked.

"If I go there, will there be drugs? It's going to be difficult especially with the current migration of health workers."

On International Nurses Day (12 May), the president of the National Association of Nigeria Nurses and Midwives, Michael Ekuma Nnachi, said more than 75,000 nurses and midwives had migrated from Nigeria within the last five years as a result of poor wages and working conditions.

"Tackling the emigration of the health workers is going to be a daunting task for a Tinubu-led government," Akinrogunde said.

"To retain health workers would require defining the fundamentals of the crisis of exodus of Nigerian health workers across the board."

Nigeria's current budgetary allocation to health is less than 6%—well below the pledge by Nigeria and other African countries in the 2001 Abuja Declaration to devote at least 15% of national budgets to health.

"Cutting costs of governance and re-ordering the priorities should create allowances for this to be achieved," Akinrogunde added.

Provided by SciDev.Net

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