

Primary Healthcare System Strengthening in Nigeria: A means to achieve Universal Health Coverage

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Abstract

According to the WHO, more than 1 billion individuals globally risk becoming impoverished because their household's out-of-pocket medical expenses account for 10% or more of their income. A shift in health systems towards primary health care (PHC) as a means to achieving universal health coverage (UHC) in low- and middle-income nations is important in preventing 60 million deaths and adding 3.7 years to the average life expectancy. Nigeria, ranked 187th among 191 countries in the WHO health system performance ranking, faces challenges with PHC owing to inadequate health infrastructure, a shortage of healthcare professionals, and weak health systems, impeding its progress toward achieving UHC. In achieving UHC, the country started prioritizing the revitalization of PHC through collaboration, making great strides in improving PHC, with hundreds of facilities being renovated and more healthcare professionals being hired and trained. Recently, almost 10 million children have received diphtheria and tetanus vaccines in Nigeria, and 4.95 million girls aged 9 to 14 in 15 states have received HPV vaccinations to protect them from cervical cancer. To better achieve UHC, Nigeria need to seek for more collaboration from the private sector and also, the brain drain of healthcare workers should be addressed by providing a sustainable working environment.

Keywords: Primary Health Care, Universal Health Coverage, Nigeria

INTRODUCTION

Primary healthcare (PHC) is a comprehensive strategy involving the entire society in promoting health. It is an important facet in improving quality of life, emphasizing equitable access to health promotion, disease prevention and treatment, rehabilitation, and palliative care for all individuals, thereby reducing disparities and improving overall health outcomes [1]. PHC is regarded as the backbone of an effective healthcare system, serving as the first point of contact for individuals and communities within the national healthcare system who have limited access to high-quality healthcare, providing accessible and subsidized services, especially in rural areas [2].

One of the objectives stated by the world's countries when they adopted the 2030 Sustainable Development Goals (SDGs) in 2015 was to achieve universal health coverage (UHC) [1]. According to the WHO, more than 1 billion individuals globally risk becoming impoverished because their household's out-of-pocket medical expenses account for 10% or more of their income. WHO advises shifting health systems' focus to primary health care (PHC) as the cornerstone of UHC. Increasing the implementation of primary health care (PHC) interventions in low- and middle-income nations might prevent 60 million deaths and add 3.7 years to the average life expectancy [1].

Nigeria is currently ranked 187th among 191 countries in the WHO health system performance ranking, highlighting its significant lag in meeting the 2030 SDGs. The country faces challenges such as inadequate health infrastructure, a shortage of healthcare professionals, and weak health systems, which impede its progress toward achieving UHC [3,4]. It is estimated that 70% of Nigerians rely on primary health facilities, so the health of the PHC sector is pivotal for the

health of the populace as a whole [5]. As of 2023, there are 34,076 PHCs in Nigeria, accounting for 85.3% of total hospitals and clinics in the country. Surprisingly, it is estimated that only about 6,815, accounting for 20% of these, are functional [6]. Therefore, this paper aims to assess the essence of PHC strengthening as it helps to achieve UHC.

CHALLENGES Faced by PHC

Unfunded Healthcare System

A major challenge in Nigeria's healthcare sector is the inadequate allocation of financial resources needed to improve and maintain the overall health of the population [5]. The distribution of standard healthcare services in Nigeria is inconsistent and lags behind those of other West African countries. Nigeria is the 13th largest oil producer globally, but its health expenditure per GDP ranks the second lowest globally [7]. In 2021, the federal government only allocated 5% of its budget to health, falling short of the 15% commitment made in the 2001 Abuja Declaration leaving the health sector ill-equipped [7]. The health sector received only 4.9% of the N14.77 trillion 2022 federal government budget, amounting to N724.9 billion. A detailed analysis of the allocation revealed that just N3,587 was designated for the medical needs of each Nigerian citizen for the entire year [8].

Lack of Manpower

There is a shortage of medical professionals, with only around 35,000 doctors available, despite a requirement of 237,000, according to the WHO. This leads to the mental drain of healthcare workers and poor working conditions. The distribution of health workers differs by region, with some regions experiencing lower ratios; the average number of doctors per 100,000 people in the

country is around 12, and the national average ratio of nurses and midwives per 100,000 population is 21 [7,9].

Lack of Infrastructure and Essential Medical Supplies

A staggering 75% of PHC centers in Nigeria lack the essential equipment package and vital supplies such as medicines, sphygmomanometers, glucometers, and personal protective equipment necessary for their operations [10]. Nigeria has a ratio of 0.5 beds per 1,000 individuals [11]. As of 2019, Nigeria needs 386,000 more beds and \$82 billion in investments in healthcare real estate assets to achieve the global average of 2.7 beds per thousand people. There were 183 CT scanners in Nigeria (as of March 2018) 57.4% (105 units) of these scanners are privately owned, while public institutions own 42.6% (78 units), with 3 states in Northern Nigeria—Kogi, Kebbi, and Zamfara having no CT scanner installed [12].

Under-utilization of PHC

Despite PHC being described as the first point of contact, approximately 60–90% of patients choose to bypass PHC facilities, opting to self-refer to higher levels of care. This leads to a lack of utilization of PHC services and places unnecessary strain on secondary and tertiary health facilities as patients seek treatment for conditions that could have been managed at the PHC level [13]. Generally, there is a belief that the staff working at PHC facilities may have lower qualifications compared to their counterparts at secondary and tertiary healthcare facilities, shortages of healthcare professionals, and a lack of medical supplies, and basic laboratory services, which might result in a lower quality of service [14].

Efforts Made to Improve PHC

Government and Non-Governmental Collaborative Efforts

Attaining UHC is facilitated by a robust PHC system [15]. In 2017, the federal government commenced the renovation program for 10,000 PHCs. The first phase helped to improve the supply of necessary medications and medical supplies, equipping 110 PHCs sites throughout Nigeria, and also educating and assigning healthcare staff to these centers [16]. As of May 2024, the Basic Health Care Provision Fund (BHCPF) and International Development Association financing have made 260 billion Naira accessible at the state level for the revival of PHCs [17].

WHO and the Private Sector Health Alliance of Nigeria (PSHAN) have formally signed a Memorandum of Understanding (MOU) under the "Adopt-A-Healthcare Facility Program (ADHFP)" as part of the creative drive to transform primary healthcare delivery in Nigeria through building PHCs of international standards throughout Nigeria's 774 local government areas. Following the MOU, WHO and PSHAM collaborated to determine the areas of greatest need for intervention, evaluate healthcare facilities that require assistance, mobilize resources to carry out specific interventions, monitor the outcomes of accomplishments, and record best practices for continued learning and expansion [18]. Nigeria has made great strides in improving PHC, with hundreds of facilities being renovated and more healthcare professionals being hired and trained [19].

A new program called the Community-based Health Research Innovative Training and Services Programme (CRISP) was created to strengthen PHCs even more. It was implemented in 36 states and Abuja on May 20, 2023, and it allows community residence doctors to treat patients at PHCs

within the university's catchment areas while also imparting knowledge to the healthcare staff [20].

Primary Healthcare Agency Efforts

To improve PHCs, the National Primary Health Care Development Agency (NPHCDA) is working with the States to resurrect 8300 PHCs nationwide and to expand and upgrade them to 17,000 PHC centers for the next three years, thereby enabling the provision of critical health services and the facilitation of referrals to secondary facilities [21]. The retraining of 120,000 frontline healthcare professionals began in September 2023. Nearly every state has produced trainers, and in the next three years, at least 120,000 front-line health workers who serve rural populations will receive the training they need, aided by the infrastructure and tools made available [22].

As of May 2024, at least 1,400 PHC centers, which serve 8,300 facilities, have received funding from the National Health Insurance Authority (NHIA) and the NPHCDA, enabling them to offer professional birth attendance. Over 2,400 healthcare professionals have been hired to provide services to Nigerians. Regarding immunization, the pentavalent vaccine has protected more than 5 million Nigerian children from diphtheria [22]. The tetanus and diphtheria vaccinations were administered to almost 10 million children in Nigeria and 4.95 million girls aged 9 to 14 in 15 states have received HPV vaccinations to protect them from cervical cancer. This represents 80% of the objective and is among the highest rates in the world. In the subsequent phase, scheduled to begin in 21 states on May 27, 2024, 6 million more people are expected to receive the vaccinations [22].

Recommendation

The government should Collaborate with the private sector in strengthening the PHCs because the government is incapacitated. To prevent the brain drain of health workers, the government should provide an adequate working environment and lucrative remuneration. Also, the CRISP should be further strengthened and prioritized to achieve its aims. To further boost the accessibility of people to the PHC centers, there is a need to raise more awareness about the role of PHCs in the community, and individuals must also be advised to seek the most important preventive health service at due time and also subscribe to health insurance.

Conclusion

As Nigeria faces an increasing burden of diseases, strong primary health care is more important than ever to provide the population with continuous and coordinated care throughout their lives. To meet the Sustainable Development Goals and deliver quality universal health coverage, Nigeria's health systems will need more resources and redesign around the core elements of high-quality primary care. Establishing a robust monitoring strategy, fostering public-private collaborations, increasing awareness about the importance of PHCs, and encouraging health insurance subscriptions are crucial steps toward achieving UHC.

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Ethical Approval

Not Applicable

Conflict of Interest

Authors declare no conflict of interest

Data Availability

Data sharing is not applicable to this article as no data sets were generated or analyzed during the current study

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Author Contribution

SSY and TJO: Conceptualize, writing, editing and proof reading of the manuscript and Final approval of the manuscript.

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