Policyweekly

BBC's Documentary on SCOAN:

A Satire on Nigeria's Health System

Policy Recommendations

1. The Nigerian government should increase funding for the health sector through improved participation of health sector stakeholders in the budget process at national and subnational levels.
2. The Nigerian government should improve budget implementation and performance of the Ministries, Department and Agencies (MDAs) in the health sector.
3. There is a need for the government to review the Basic Health Care Provision Fund (BHCPF) to allow direct transmission of funds to the LGAs to checkmate the capture of LGA funds by state governments.
4. There is a need for the government, in collaboration with religious bodies, to deepen regulation of activities of religious centres airing supposed healing miracles across media outlets.
5. Health-focused Civil Society Organisations should expand their focus to include advocating for early release and efficient utilisation of funds to the health sector.

"People were begging for healing, there was absolute desperation as if the church was the last and only point of call…the only place where they could receive help…" So alleged a key informant in the BBC 2024 documentary on the Synagogue Church of All Nations (SCOAN), which contains allegations of impropriety by the late leader of SCOAN – Prophet T.B. Joshua. The documentary revealed, perhaps unwittingly, Nigeria's fragile health system and the concomitant desperation for healing amongst the masses. The frustration from the fragile health system and the desperation for healing predispose some sick persons to seek miraculous healing in religious centres instead of seeking proper medical care.

While the allegations in the BBC documentary have been contested in various quarters, what is clear is that there is an army of sick people who are exploited in many ways because of poor access to affordable and quality healthcare services in Nigeria. Nigeria's score on the Universal Healthcare Coverage (UHC) Service Coverage Index (SCI), which measures the level

of coverage of essential health services, is 42 out of 100. This is below Africa's average of 45.6. The 2018 National Demographic Health Survey shows that one in eight children in Nigeria die before their 5th birthday, while one in 34 women in Nigeria will have a death related to maternal causes.

These poor indicators are symptoms of Nigeria's fragile health system, characterised by insufficient funding, inadequate/obsolete health infrastructure, and attrition of the health workforce. At this rate, Nigeria will not likely achieve the health targets of the Sustainable Development Goals (SDGs) by 2030. In December 2023, President Tinubu promised to bring health to the front burner by prioritising Nigeria's health sector through massive investments and increased allocation of funds to the sector in the 2024 budget. This edition of Nextier SPD's Policy Weekly x-rays the character of Nigeria's fragile health system and the need to address the power relations which sustain and reproduce the dysfunctional health system.

Nigeria's Health System: Poor Financing and Poor Outcome

Nigeria's health system suffers poor budget allocation and utilisation. Budgetary allocation to Nigeria's health sector has remained below the benchmark set by the 2001 Abuja Declaration, wherein Heads of State of African Union member states pledged to allocate at least 15% of their annual budget to improve the health sector. A breakdown of the budget passed by the National Assembly in the last five years shows that the amount allocated to the health sector annually has remained far below the pledged 15% of the annual budget.

Table 1: Nigeria's Budget Allocation to the Health Sector, 2018 - 2024

	2020	2021	2022	2023	2024
Total for Health Sector (₦, bn)	586.94	704.86	835.12	1.15	1,228.10
Total Budget Size (₦, bn)	10,810.80	14,570.74	17,126.87	21.83	28,777.40
Total Health Budget as % of Budget Size	5.43	4.84	4.88	5.26	4.27

Source: https://drpcngr.org/wp-content/uploads/2022/02/FGN-2022-Health-Budget-Analysis.pdf and other sources.

Beyond poor budget allocation, the implementation of the budget allocated to the health sector has been very poor. Budget Implementation Reports (BIR) from the Budget Office of the Federation show that budget allocations are usually not fully released and cash-backed. Also, funds released are usually not fully utilised by the MDAs in the health sector, just like many other MDAs. Between 2009 and 2020, ₦627 billion was allocated for capital expenditure in health, ₦505 billion was released, only ₦385 billion was utilised, and ₦120 billion was returned to the treasury. BIR, as at the 4th quarter of 2021, showed that only 60.84% of the health sector capital appropriation for 2021 was released, while only 40.69% of the capital appropriation was utilised. Similarly, the BIR for 2022 showed that as at 31st December 2022, only ₦123,770,856,549 (59%) of capital appropriation for the health sector was released and cash-backed, and only ₦74,229,381,450 (39%) of the capital appropriation was utilised.

The poor budget allocation and implementation in the health sector contribute significantly to poor health outcomes in Nigeria. There is generally poor access to quality healthcare services in Nigeria. Only 39% of women in Nigeria delivered their last live births in a health facility. Data from the 2018 National Demographic Health Survey shows that only 9% of deliveries are assisted by doctors and 32% assisted by nurses/midwives. Nigeria's maternal mortality ratio is estimated at 512 maternal deaths per 100,000 live births. This is still far from the target of SDG 3.1, which aims to reduce the maternal mortality ratio to less than 70 per 100,000 live births by 2030. The pregnancy-related mortality ratio is estimated at 556 pregnancy-related deaths per 100,000 live births. The infant mortality rate is estimated at 67 deaths per 1,000 live births, while under-5 mortality was 132 deaths per 1,000 live births. This is far from the SDG 3.2 target, which aims to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.

The poor budget allocation and implementation also impact human resources in the health sector. Due to poor remuneration and general conditions of service, Nigeria has continued to experience an exodus of healthcare workers. In 2021 alone, 33,000 of the 75,000 Medical and Dental Council of Nigeria (MDCN) registered doctors left the country to seek greener pastures outside the country. This exodus of medical professionals has further worsened Nigeria's doctor-patient ratio, which is estimated to be 1:3,500 as against the World Health

Organization (WHO) recommended standard of 1:600. Another dimension of the impact of poor access to quality and affordable health service in the country is that the elites indulge in health tourism to get quality health service outside the country. It is estimated that about ₦576 billion ($1.2bn) is lost to medical tourism yearly. The majority of the masses who cannot afford to travel out for medical care resort to self-help by seeking solutions to their health challenges in alternative places, including religious centres, where some are exploited and used as instruments of fake miracles.

Government's Effort to Strengthen the Health System: Why Reforms Don't Work

Disturbed by the poor state of the health system, successive administrations in Nigeria made efforts to strengthen the system through various policies and programmes aimed at improving funding and service delivery in the health system. In 2011, Nigeria instituted the 'Primary Health Care Under One Roof' policy to strengthen the primary health system by integrating the management of primary health centres and ending fragmentation in the health sector. In 2014, the National Health Act was signed into law to provide a legal framework for the reforms in the system. One remarkable output of the National Health Act 2014 is the establishment of the Basic Health Care Provision Fund (BHCPF) to enhance funding of the health system with at least 1% of the Federal Government's Consolidated Revenue Fund (CRF), in addition to contributions from donors, the private sector, and other sources. However, these and other reforms in the sector are yet to yield the desired results in the health sector because reforms are yet to address the power relations that shape fund allocation and utilisation in the health system. This power relations manifests in budget politics, bureaucratic politics and local government administration. The power dynamics in budget politics mean that the amounts allocated to the health sector in the annual budget at the national and sub-national levels are decided by powerful elites in government whose interests may not be addressed by increased funding to the sector. The health system reforms have not been able to address the power structure in the budget system that limits the amount allocated to the health sector. Bureaucratic politics speaks to the weak capacity of the Ministries, Department and Agencies (MDAs) in the health sector to utilise released funds despite yawning needs. Reforms in the health system are yet to identify and deal with the issue of funds utilisation in the system. The local government administration is critical to the success of service delivery at the primary health level, yet it is the weakest level of government in Nigeria with poor financial and administrative capacity, which makes it difficult for it to perform the role assigned in supporting health service delivery. For instance, the National Health Act 2014 requires that 45% of the funds shall be administered by the local governments for the provision of essential drugs, provision/maintenance of facilities, equipment and transport and development of human resources for health. However, the Act provides for such funds to be disbursed to the local governments through the state governments. However, it is not clear if the funds are properly channelled to the local governments when they get to the states, given the power relations between the states and local governments.

Recommendations

1. Government should increase funding to the health sector through improved participation of health sector stakeholders in the budget process at national and subnational levels. Increasing funding of the health sector in line with the 2001 Abuja Declaration requires redistributing power in the budget process by expanding the space for health sector stakeholders to participate in budgeting and influencing budget allocations.

2. The government should improve budget implementation and performance of the Ministries, Department and Agencies (MDAs) in the health sector through early fund release, placing robust Monitoring, Evaluation and Learning (ME&L) to support existing monitoring and evaluation by the Budget Office of the Federation; building capacity of health sector MDAs in efficient and timely utilisation of released budget allocation.

3. The government should review the BHCPF to allow direct transmission of funds to the LGAs as a way of checkmating the capture of LGA funds by state governments.

4. The government, in collaboration with religious bodies, should deepen regulation of activities of religious centres publicly airing supposed healing miracles on live television channels, radio stations and social media.

5. Health-focused Civil Society Organisations should focus not just on advocating fund allocation but also on the early release of funds to the health sector MDAs and the efficient utilisation of released funds by the MDAs.

Conclusion

Nigeria's health system has remained comatose, leading to poor health indicators. The government's attempts to strengthen the health system and improve service delivery have failed to address the power relations that negatively impact fund allocation and implementation in the health system. Many citizens suffer poor access to quality and affordable healthcare. This has exposed some to seek help for their health challenges in alternative places, including some religious centres where some are exposed to exploitation and manipulation. To actualise its healthcare promises, the current administration must address the power relations which sustain and reproduce the dysfunctional health system.

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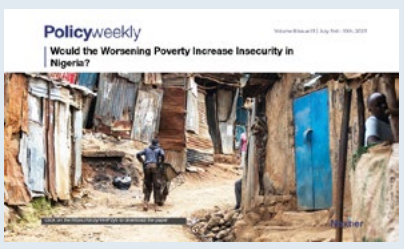

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