DONOR DRIVEN HEALTH SYSTEMS: REFLECTIONS ON THE IMPLICATIONS FOR HEALTHCARE DELIVERY IN NIGERIA

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ABSTRACT

Efforts geared towards strengthening health systems and improving health outcomes necessitated the co-operation between developed and developing countries for long term international developmental assistance for the latter. These efforts climaxed with the signing of the United Nations millennium development goals which created a platform for the 'injection' of billions of dollars of donor funds, technical assistance, *inter alia*, into countries with great need. Accordingly, there are reflections of marked achievements towards achieving the envisaged objective(s) in recipient countries such as Nigeria. In fact, the impact of donor support for health system strengthening in Nigeria has being remarkable with funding to combat major health problems reaching unprecedented levels in recent times with improvements on certain fronts. Of such include, decrease in the prevalence of HIV/AIDS, Tuberculosis and the eradication of guinea worm, as well as capacity development and health facility infrastructural upgrades. Nevertheless, these obvious gains have not being without issues of concern hitherto. Cardinal amongst these is that not all the developmental support is reaching communities with the greatest of needs or being delivered in a manner that is proving effective. More so, are the issues of corruption, abdication of co-operate social responsibilities by the government in certain instances to donor partners, as well as the rising 'ineptitude' in many of the recipient communities that has fast created a climate were self-reliance is being ebbed into a place called the past. The argument therefore is that the merits and demerits of donor support for health system strengthening in Nigeria has created debates, needing further reflections thereof.

INTRODUCTION

Strengthening health systems and improving health outcomes necessitated the co-operation between developed and developing countries for long term international developmental assistance for the latter. These efforts climaxed with the signing of the United Nations millennium development goals which created a platform for the 'injection' of billions of dollars of donor funds, technical assistance, *inter alia*, into countries with great need globally.[1,2] Accordingly, the reflections reveal marked achievements towards achieving the envisaged

objective(s) in the recipient countries such as Nigeria. Of such include reports of decreased burden of diseases, efficiency among health workers, facility and infrastructural upgrades, improving of information systems and supply management chain with better health outcomes to show case.[3-5] Of note is that donor support for health care delivery in developing countries including Nigeria has being quite remarkable with funding reaching unprecedented levels and improvements on certain fronts.[4,5] Evidence reveals that these have led to developments within the health sector; in many instances primary health care services have been improved and health systems have been strengthened.[5-8] The reflections reveals impacts in HIV/AIDS programmes, Tuberculosis control programme, the eradication of Guinea worm, and the control of other neglected tropical diseases have so far being driven by international developmental assistance.[7-9]

In spite of these reports and the increasing volumes of official development assistance being directed particularly at improving health care delivery and overall health systems performance in the country there have been reports of challenges. Of concern is that not all the donor support targeted at improving healthcare delivery is reaching communities with the greatest need or being delivered in a manner that is proving effective.[5] Chiefly, while aids for HIV/AIDS and health infrastructure have been used to strengthen health systems, and in some cases primary health care services have been improved, overall, there are reports of concerns, too – among them, a temporal association between increasing HIV/AIDS funding and stagnant funding for reproductive health, and accusations that scarce personnel are siphoned off from other health care services by offers of better-paying jobs in HIV/AIDS programs.[5,6] Regrettably are also the issues of corruption in donor supported health care delivery programmes and concerns that donor expenditures in Nigeria are not only unsustainable but may be considered as inadequate considering the enormous health care burden in the country.[10,11] Furthermore, there is an increasing controversy about whether the scaled-up investment in programs to strengthen the existing weak health system in the country is producing the 'required outcomes' in creating self reliance in health care delivery. [12] Some analysts and critics of donor support are of the view that governments at all levels have abdicated some of its primary responsibilities to donor partners.[12] Accordingly, these gamut of issues as well as the changing geopolitical climate of the recent past decade led to critical questions being asked of the usefulness, impact and effectiveness of donor driven healthcare delivery in Nigeria.[5] The argument therefore is that the merits and demerits of donor support for health system strengthening in Nigeria has created debates, needing further reflections thereof.

METHODS FOR REVIEW

As literature reviews are summaries of research evidence that address research issues by using explicit methods to identify, select, critically appraise relevant research studies and analyse data from the studies that are included for the review, the authors made this study as inclusive as possible.

SEARCH METHODS

By using key words, the authors involved a broad search of literatures on donor developmental support for health system and health care delivery in Nigeria. Via broad criteria online search engines and databases including Pubmed, Medline, Embase and Google Scholar were searched, websites and online resources of international organisations as well as hand searches of bibliographic records. However, the authors did not contact experts or donor agencies.

SELECTION CRITERIA

To generate evidence for the review, studies between 2000-2013 were considered and findings included were from literature reviews, expert commentaries, cross sectional studies, panel discussions as well as grey literatures that reported an objective measure of at least one of the following outcomes: donor funding for healthcare, healthcare financing in Nigeria, utilization and coverage, health outcomes in health systems, *inter alia*.

DATA COLLECTION AND ANALYSIS

The findings generated from all included studies formed the themes used to critically analyse international developmental support for health system strengthening in Nigeria. There was no detailed data synthesis and quality as the study is not a systematic review.

SUMMARY OF RESULTS

Three main issues that emerged from included studies were: (i) healthcare financing through donor support in Nigeria (ii) impact of donor support on healthcare delivery (iii.) sustainability and a future road map for healthcare delivery in the country. The findings revealed discernible evidence of the impact of donor support for health system strengthening in Nigeria, while at the same time suggesting the need for robust polices towards self-reliance and self determination.

ISSUES OF CONSIDERATION

There is concern that the country with a population of about 170 million is the most populous country in Africa;[13] sadly, its health sector, a foremost service sector has never really fared well due to a number of factors. Primarily is the perennial underfunding by government – estimated to be a meagre 5% of gross domestic product (GDP)[13] - and having to compete with other important social service sectors such as housing, transportation, environment and security.[14] The starting point here is that funding of health healthcare delivery by the national government has perennially being a huge threat to achieving the health targets of the MDGs. Amongst others, this issues necessitated the perennial injections of billions of dollars of donor funds to accelerate achieving the health targets of the UNMDGs particularly through vertical health programmes. Hitherto, these programmes have had significant strides in improving on health systems performance in many parts of the country. There are reports of improved morbidity and mortality

indicators and particularly improved the developmental trajectories in the health system in the past few years to just over a decade.[7-9] However, there are a number of issues bothering on international developmental assistance for health care delivery to health policy makers in Nigeria, donor institutions and governments. These issues are centered on healthcare financing, the impacts of donor support on healthcare delivery, as well as the issues of integration of donor programmes and sustainability.

HEALTHCARE FINANCING THROUGH DONOR SUPPORT IN NIGERIA

The signing of the millennium development goals in the year 2000 paved the way for the 'injection' of billions of dollars from donor partners into Nigeria. Evidence reveals that donor grants through the Global Funds for AIDS, Tuberculosis (T.B) and Malaria (GFTAM) amounting to **US$1,504,046,273** were provided between 2003 and 2009.[16] A breakdown analysis of the funding reveals that US$ 677,565,797, US$ 147,354,856 and US$ 679,125,620 has so far been spent on HIV/AIDS, tuberculosis and malaria respectively in the country.[16] Also, the President's emergency programme for AIDS relief (PEPFAR) committed US$488.6million to support comprehensive HIV/AIDS prevention, treatment and care programmes in the country in 2011 alone.[16] Besides the increased funding for major communicable diseases (HIV/AIDS, Tuberculosis and Malaria) in the country, there are also international donations and sometimes grants or loans for other health care challenges.

In recent times, there have being scaling up of funds for neglected tropical diseases in Nigeria particularly through non-governmental organizations (NGOs). Of such is the Carter foundation that has funded the fight against Dracunculiasis (guinea worm infection), trachoma control, river blindness, schistosomiasis control and lymphatic filariasis elimination.[17] Annually, these NGOs fund, mobilize as well as train workers in order to achieve their objectives in the country. Staggered estimates from reports have it that USD$2-3 billion have being earmarked for the control of neglected diseases globally over the next three to five years globally with Sub-saharan Africa expected to gulp the lion's share.[18] The obvious is that Nigeria stands to benefit largely from these funds. Additionally, there are also anecdotal reports of huge sums injected into the country for research and training, although exact estimates are however difficult to ascertain. These give insights into the enormous amount of funds 'poured' into the health system and healthcare delivery in the country. In fact, some analysts argue that annual budgeting and planning for health care delivery in the country relies heavily on international developmental assistance. [19] These funding have had their tolls on healthcare delivery and the health system of the country.

IMPACT OF DONOR SUPPORT ON HEALTHCARE DELIVERY

With the continued support for health systems strengthening in the country by international developmental assistance, the evidence reveals marked impacts on a number of health indicators. For instance, there have been impacts on HIV/AIDS, Tuberculosis and a number of other

diseases. Between 2001 to 2012, HIV/AIDS adult prevalence had dropped significantly from 3.7 to 3.1 per 100,000 of the population[20], similarly, the incidence of tuberculosis dropped from 180 to 108 per 100,000 of the population between 2004 and 2012.[21] These cannot be unconnected to the efforts of PEPFAR, GFTAM and other funding bodies such as the Department for International development (DFID), the United Nations international children's fund (UNICEF), the World Bank amongst others in combating these in the country. More so, is the impact on Dracunculiasis (Guinea worm) of which Nigeria was declared free in January, 2014.[9] In fact, the successes against Dracunculiasis and other neglected tropical diseases in the country are not unconnected to international organizations such as the Carter Foundation. [18] There are also reports of these developmental assistances in wide scale infrastructural upgrade of existing health facilities as well as the provision of technical expertise in healthcare delivery programmes in Nigeria.[5,6] Nevertheless, there are concerns about international developmental support towards health system strengthening and health care delivery in the country. While these funding may be channelled for the their 'primary objectives', aids in many instances are allocated only to disease specific projects (termed "vertical programming") rather than to broad based investments in health infrastructure, human resources, and community oriented primary healthcare services ("horizontal programming").[22] In fact, the 'monopoly' of funding of these programmes in the country may result in 'monopoly' of decision and 'reduced' regulation in accordance with national health policy. Accordingly, the concerns have been with the integration of some of these programmes into the national health policy (albeit the primary and comprehensive health care programme). These have often times resulted in poor coordination between donor agencies and the ministry of health as well as the results of poor collaboration between TB and HIV programmes and their co-morbidities.

Furthermore, with similar situations to some other sub-Saharan African countries, such as Zambia, donor support through vertical health programmes for HIV/AIDS and Tuberculosis are such that the salaries of healthcare providers working for donor funded programmes are often more than double those of equally trained government workers in the fragile public health sector.[23] The import is that it lures highly skilled government workers to the higher paying donor driven programmes and creates an internal 'brain drain'. This creates dire circumstances for the underfunded primary care clinics and health centres that care for all diseases, including common illnesses such as diarrhoea, poor nutrition and respiratory tract infections, which take many more lives than HIV/AIDS, tuberculosis, and malaria.[12] This suggests that donor investments in Nigeria may shift strategies and commitments to manage other disease through the primary health care. It could be argued that donor funding tends to crowd-out attention to other areas of critical need in healthcare delivery in the country. Infact, they could be criticized for their narrow focus on a specific disease, duplication of existing service and their delivery through a parallel structure circumventing the general health system and hence not contributing to the strengthening of the capacity of the public sector.[24] Nevertheless, advocates and experts may posit that these have had other contributions to the health system that impacts indirectly on other health needs of the population. Chiefly is the case with skills acquisition and capacity

development, upgrade of infrastructure and strengthening of information systems and supply management in the country and other countries of the sub-Saharan African region.[24] These donor programmes are justified for their absorptive capacities which the public health sectors can't provide in certain instances. It follows that absorptive capacities relates to institutional and administrative issues that concerns staffing- hiring and firing of staff-, rules, regulations as well as motivation of staff.[25] It is possible that the adoption of the concept of strategic purchasing or performance based financing (PBF) improves efficiency in service delivery and improved staff performance as against public driven healthcare delivery. [26] Despite these successes in capacity and health infrastructural development in the country, it is possible that the skills and the technical capacity acquired by workers in these donor supported programmes may be sourced externally and as such negates the principle of essential healthcare based on practical, scientifically sound and socially acceptable methods of technology of the primary healthcare policy in the country. This may also create a situation of decreased self reliance by benefiting communities.

Additionally, there are concerns with misappropriation of donor funds and corruption. Corruption as it were is straightforward and it captures the extent and nature of the actions among officials-including bribes among civil servants, irregularities in public purchasing and oversight. It is the misuse of entrusted power for personal (pecuniary or monetary) gain.[27] This reduces the resources available for health development, lowers the quality of services, compromises effective coverage of health services and inflates the unit costs of services provided.[27] The concern so far in Nigeria is that, even when well-intentioned funding is made available for healthcare delivery, the outcomes may not be as 'visible' as expected.[28] In fact, it is well said that ''priorities cannot be met if institutions don't function and scarce resources are wasted''.[28] There are anecdotal reports from the country, where funds for projects were not even used and were 'siphoned' into private pockets with little or nothing to show in terms of health outcomes. Some other issues which bother on supply management have emerged with anecdotes suggesting that lack of drugs has been repeatedly shown to discourage utilization of health facilities even when there were donations from international agencies. A common practice in health centre is that drugs tend to be a commonly "leaked" product given that it can fetch a higher price in the private market. These salient actions results in decreased utility (satisfaction) in economic terms and otherwise both to the funding agencies and the benefiting populace. Often times these have triggered remarks from donor countries and bilateral donor organizations to cut or withhold developmental assistance following developments that offends their driving principles as they will want to shield themselves from accusations of excessive meddling and from assuming responsibility for any failures or sub-optimal outcomes. In fact, corruption and mismanagement of funds reduce the impact of donor funding for health system strengthening besides the challenge of vertical programmes being run by many donor agencies.

SUSTAINABILITY AND A FUTURE ROAD MAP

While international developmental assistance is critical to strengthening the fragile health system in Nigeria, sustainability and a future road map for health system strengthening for the country is most needful. Beyound the millennium development goals, the country needs a post-2015 development frame work that will reflect sustainability for strengthening its health system besides donor support. Given the foregoing issues surrounding the outcomes of donor developmental support for health care delivery in the country, it is important that policy makers begin to think of new paradigms for strengthening the health system and achieving significant outcomes in health care delivery in the country. Policies and programmes that will support the principle of self reliance and self determination should be the front line of thought. This necessitates sustainable health policies to decrease over reliance on international developmental assistance and gradual integration of donor driven programmes into routine services which is in line with the principle of self reliance of the World Health Organization. [29]

Workable and sustainable health policies should involve a decrease in economic inefficiencies in health system performance. This will include; reprioritizing public expenditures on health care delivery, increasing additional tax revenues for healthcare financing, increased private sector participation in health development and fighting corruption.[30] Additionally, there is the need for the gradual integration of these donors driven health programmes with horizontal services in the country.

REPRIORITIZING PUBLIC EXPENDITURES AND RAISING TAXES FOR HEALTH

With the current spending of about 85US dollars per capita on health in the country, improving the efficiency of health system performance in the country necessitates policies that will increase government the reprioritizing public expenditures on health care delivery in the country. The import is that it will help in focused spending on diseases of priority while at the same time reducing waste of scarce resources. Allocation of public funding of health care delivery should be channelled towards the common causes of morbidity in Nigeria which are still preventable infectious and avoidable disease; as government should continue to encourage the shift of investment to preventive services from the hitherto high investment on curative services which had often been to the detriment of preventive services. [31] Chiefly is the direct funding by the subsidy reinvestment programmes (SURE-P); a health reform programme by the Federal government.[32] This also calls for sustainability however. More so, producing maximum outputs from health services in the country will require utilizing cost-minimizing production techniques in healthcare delivery.[33] Of note is the fact that there are reports of waste form inefficiencies in some of these programmes such as those funding vertical programmes.[34] Evidence from studies of health facility efficiency in the World Health Organization (WHO) African Region have provided significant scope for increasing provision of health services using their current levels of

resources allocated to hospitals and health centres.[33] Drawing from this, policies that will entail the leveraging of health promotion strategies to create the demand of underutilized healthcare or transferring specific inputs from over resourced to under resourced health facilities will be needful as it will reduce the inefficiencies in many of the underfunded funded public healthcare delivery programmes.[35]

More so, are the issues of inefficiencies arising from misallocation of resources such as the choice of a health facility site that is based on political criteria rather than need as well as funding of a programme where investments of the majority of resources are put into tertiary and secondary hospitals instead of in cost-effective primary health care or in situations where donor funds are channelled through vertical programmes instead of through the national health systems.[36] These will involve making investment decisions based on cost-effectiveness and cost-benefit analysis criteria. Economic monitoring and evaluation through information systems in health systems across the region will also be critical to reduce waste of scare resources.[37] Furthermore, increasing additional tax revenues for healthcare financing and increased private sector participation in health development are key for achieving self reliance in the country. Notably, the steady economic growth patterns encourage foreign direct investment, which can indirectly contribute to the creation of 'fiscal space', thereby generating tax revenue for health. Nevertheless, while these prospects appear to continue in the country, increased budgetary allocation to health service delivery through increased taxation rates will require strengthening the weak tax administration systems and other contextual factors.

INCREASED PRIVATE SECTOR PARTICIPATION IN HEALTH DEVELOPMENT

There is already evidence of the financing-gap in the Nigerian health system due to the lean government budgetary allocation.[13,14] While this continue to bother health policy makers, approaches through internal managerial reforms hitherto have not yielded the needed results as envisaged and effective alternatives are needed. Against this backdrop, policy reforms through public-private partnerships (PPPs) - a promising approach will be of critical consideration, scaling-up private healthcare financing arrangements and community financing. Chiefly is the fact that within the health sector, the aim of PPPs (where private finance and/or provision supersedes that of the public) is to increase funding to the health sector, improve management efficiency and innovation in health care services while it also helps to accelerate the modernization of health systems.[38] Going by this, PPPs as a measure to address the burgeoning challenges in health system financing in the country will come to bear if a number of issues are critically reflected upon with a view to implementation. Of such will include: autonomous authority and strategic purchasing as well as monitoring of health care services. More so, efforts geared towards scaling-up private health insurance and community financing will necessitate accelerated reforms in these regards.

FIGHTING CORRUPTION

Additionally, achieving self reliance in health care delivery in the country will involve policies aimed at reducing corruption and other sharp practices to the barest minimum. Misappropriation of funds and other corrupt practices in funding, budgeting and expenditure, management of medical supplies and frictions in health worker/patient interaction can be brought to its barest minimum by providing sound institutional and legal frame works, developing of sound budget and expenditure systems and avoiding off-budget activities through effective auditing systems. Educating policy makers on health budgets and involving the mass media and civil society as channels to make information available for public scrutiny and appropriate channelling of all aid flows for health development will be invaluable to tackling the culture of corruption in the country's health system.[39] There is no other solution besides addressing the systemic inefficiencies, within donor and recipient environments.

INTEGRATION OF SERVICES

There is now the increasing argument in favour of integration of vertical health programmes into routine services. [25] The current line of thinking is that a comprehensive and integrated health system that has adequate capacity to respond efficiently to the health needs of the population should be most considered. As most of the programmes from donor support in the country are vertically driven, vertical and routine health services, don't have to be mutually exclusive but rather as complementary strategies [40], thus pointing to the need to discard dichotomy of one versus the other.[25] Although there are current efforts aimed at the integration of donor programmes into routine services in the country, experts often suggest that interventions that require hospital-level facilities should be delivered in an integrated mode due to economies of scope and scale.[25] There is the need for an adaptation to local realities and circumstances which are contextual. This in no doubt strengthens the need for self reliance, while at the same time not de-emphasizing donor support considering the enormous health burden in Nigeria and the lean resources available for health expenditure.[30] In fact, anecdotes and scattered is evidence reveals the integration of some of these services such as the directly observed treat short course (DOTS) for tuberculosis and the voluntary counselling and testing (VCT) for HIV/AIDS. The advantage being that besides being cost effective, the activities of the donor funded programmes will indirectly help in strengthening the health system particularly primary healthcare in the country.

CONCLUSION

Given the capacity constraints and weakness of the Nigerian health system and its existing services, there is the need for consistent strengthening of the health system. The complementary effort of international development assistance has so far produced impacts, with visibility in reducing key disease burden such as those of HIV/AIDS and Tuberculosis. Notwithstanding, as international development towards improving health care delivery in Nigeria continues through partnerships, there is the need to achieve much more if the country is to meet the health targets of

the millennium development goals. Donor support is only a part of the development picture for health system strengthening in Nigeria. Economic growth and social progress as well as sustainable and workable policies for achieving self reliance is needful.

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