



## **Community Perception of Health Programmes in the Context of Health Sector Reform in Nigeria and Its Implication for Equity**

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### **The Critical Problematic**

Available data on Nigeria's health sector by 1999 indicate that it was in deep crisis because (Crips et al., 2000; FMOH, nd) of the following.

1. The primary health care system on which the national health policy is anchored had in the words of the then Minister of health 'collapsed'.
2. The public health care facilities whether at the secondary or tertiary (both state and federal) that were absorbing nearly seventy-five per cent of the annual capital and recurrent budgetary provisions were in complete state of disrepair.
3. The publicly funded health care facilities were being under-utilized for a variety of reasons.
4. There was massive flight of qualified health personnel to other parts of the world where the conditions of service were much better than in Nigeria.
5. The public health care institutions were being destroyed by incessant strike action by all cadres of workers.
6. Intra- and inter-professional rivalry among health personnel fouled the workplace, making it difficult for workers to excel in work situation.
7. The morale of all cadres of health personnel in the public sector was low partly because the conditions under which they worked.
8. The government had failed to harness all the available health care resources in the public and private sectors in the country for the benefit of the population. Consequently, there was no public private partnership in health care delivery despite the fact that substantial proportion in the population preferred the services of the private sector providers.
9. The budgetary provisions for the public health care system had declined precipitously resulting in decrepit state of facilities. A recent survey of fifteen tertiary health facilities found that theaters including equipment in all of them either had broken down for years and/or were unavailable, rendering the staff working in them under-employed.

An awareness of the foregoing prompted the civilian regime between 1999 and 2007 to opt for health sector reform with the aim of making health care accessible, equitable, affordable as well as cost-effective and efficient. One of the principal goals of is also to reduce the disease burden arising from the scourge of malaria, HIV/AIDS and its opportunistic diseases including the non-communicable diseases.

Although efforts are being made to re-tool the health sector as can be seen from the foregoing discussion, the major challenge is how well is the reform received by consumers and to what extent is the reform making health care accessible and affordable in the spirit of the Millennium Development Goals.

The foregoing notwithstanding, the principal objective is to conduct a multi-site study on the social perception of health care in the context of a reforming Initiative and also to highlight its implications for equity in health.

### ***Specific Objectives***

1. Specific Objectives of the study are to:
2. Provide overview of the context of investigation;
3. Describe the current pathways to health care;
4. Investigate the social perception of health personnel and consumers to health care;
5. Analyse the community perception of cost of health care in the context of reform;
6. Ascertain the barriers to use of health care facilities;
7. Outline the implications of (a) to (d) above for equity in the context of health care reform;  
and
8. Bring the outcomes to the attention of responsible national authorities.