

INTEGRATING PUBLIC–PRIVATE PARTNERSHIPS IN PRIMARY HEALTH CARE DELIVERY FOR SUSTAINABLE INCLUSIVE DEVELOPMENT IN NIGERIA

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Abstract

Public Private Partnerships are agreements which governments have with private sectors to implement some of their programmes or projects. Both collaborate in the execution of the projects, to facilitate the attainment of the objectives. They provide the mutual understanding that assists in actualizing the objectives of development programmes and projects. The arrangements could come in form of design, service delivery, infrastructure development, funding of the operations and in technology provision. Primary Health Care is the provision of basic medical services to the citizens of a country, to improve their health status, especially in the rural areas. There are some challenges facing the primary health care in Nigeria such as high rate of absenteeism among medical personnel, poor infrastructure and funding. This paper reviews the Public–private partnerships in primary health care delivery in Nigeria. It emphasizes inclusive growth and economic development, recognizing the challenges facing the primary health care services. The paper concludes that Public-private partnerships in primary health care service delivery will encourage good health seeking behaviors in the rural areas, improve health care quality, accessibility, reduce out-of-pocket expenditure. It was recommended that policy makers should adopt inclusive economic institutions in Nigeria to improve health, education and other sectors and make them productive to contribute to sustainable economic development in Nigeria.

Keywords: *Public Private Partnership, Primary Health Care Delivery, Inclusive Economic Institution and Inclusive Economic Development, Inclusive Sustainable Development.*

Introduction

Public- Private Partnerships (PPPs) are agreements in which the government and the private sectors engage for the purpose of providing public infrastructure, facilities for the community members, education and other related services for well - being of the people. This arrangement provides complementarities in every sector that enhances development of the people. World Bank (2016) states that private sectors provide the resources which the government would have difficulties in providing in order to move the economy forward. Crawford and Bryce (2003) argue that these arrangements could come through several means such as designs, service delivery, infrastructure provisions, funding supporting operations as well as providing education and technology that will assist community members. This means that there is a direction on what to be done, how the issues should be tackled and where the projects are to be carried out. Hence, resources are properly channelled to effectively see that the set-out goals are achieved. PPPs are important in any economy since they specifically focus on the outputs, reduce the costs of projects, give better value for money over a long time in the project cycle, enhance procurement efficiency, promote service delivery efficiency, allow for the injection of private sector capital, and risks are allocated to the party best able to manage the risks (Peter, 2022). The United Nations (UN) believes that agenda 2030 of Sustainable Development Goals (SDGs) focuses on equity, inclusiveness, fairness and making progress in the society, stressing that quality education would help to achieve the SDG 4 (UNESCO,2020; Vasiliki and Nikolaos, 2019). PPPs involve public, businesses and government working in partnership. Therefore, they encourage environmental, educational and social safety and embrace longer time scales for effective service delivery (UNESCO, 2020). Human and social capital development (education and health) involving PPPs will enhance the achievement of the Sustainable Development Goals (SDGs) (Crawford and Bryce, 2003). This is because sustainable development involves the overall improvement in the standard of living of humans as well as the environment. The injection of the PPPs in the primary health care delivery could be an added value in achieving the expected health for all if practised in the rural health facilities in Nigeria.

Rationale for Private-Public Partnerships in Health Sector

Nigeria still has one of the worst health indices in the world which unfortunately accounts for 10 percent (10%) of the world's maternal deaths (National Demographic Health Survey (NDHS), 2013). Studies from NDHS (2013) show that the National health management information system is weak, without an integrated system for disease surveillance, prevention and management. Research of Omonona, Obisesan, and

Aromolaran (2015) also indicates that there are high rates of absenteeism (about 40%) among medical doctors, especially in rural areas. According to NDHS (2013) there are high level of mortality, and morbidity which accounts for 157 deaths per 1000 live births. Nigeria not being able to attain international goals births for health and survival, and the inequalities in access to health facilities contribute to the challenges facing the rural populace.

The poor situation of the health care system in the rural areas in Nigeria could lead to people not being free economically which will lead to extreme poverty. Extreme poverty could make a person a helpless prey which could lead to violation of other kinds of freedom. According to Sen (2000) economic unfreedom can breed social unfreedom, meaning that social opportunities in the form of access to quality education and health, improve economic involvement of the people. The absence of these could support extractive institutions that encourage underdevelopment.

It is unfortunate that millions of children, especially in the poorest countries, die each year of preventable or treatable causes that could have been ended with a well-directed, well-implemented efforts through policy implementations (Sachs, 2015). These treatable and preventable causes include malaria, typhoid fever, diarrhea. Health is generally such a good not only because of its benefits for citizens from a moral and ethical point of view, but from practical point of view, since disease not treated brings about other forms of societal challenges which could affect other population.

Primary Health Care Under One Roof (PHCUOR) Policy was formulated in 2011 to address the challenges of fragmentation in PHC and to ensure the integration of PHC services under a single authority (World Health Organization, 2016). The effect of this has not been observed on health status and utilization of PHC in Nigeria from the period the policy of PHC under one roof became a national policy in 2011. Oyedeji and Abimbola (2014) argue that the inability of PHC centres to provide basic medical services to the rural and urban population has made both secondary and tertiary health-care facilities experience influx of patients. There is National Health Insurance Scheme in Nigeria, but many citizens are yet to be enrolled in the insurance scheme. These groups of citizens especially in the rural areas are deprived of these health benefits and spend so much to obtain health care. It has been observed that primary health care in Nigeria has inadequate healthcare personnel as provided in the health policy according to Julius (2015) and Olawole (2010) as well as inadequate

medical facilities. Therefore, this study reviews Public–private partnership in primary health care delivery which is central for inclusive growth and sustainable economic development in Nigeria.

Theoretical Framework

The Theory of extractive and inclusive economic institutions is reviewed in relation to public-private partnership in an economy to achieve inclusive growth and economic development. According to Acemogulu and Robinson (2013), in the institution's theory explains the differences in countries' economic successes and failures as a result of the differences in their economic institutions. The theory explains the rules influencing how the economy works, and the incentives that motivate people. The rules that encourage poverty have to do with those that do not encourage entrepreneurial initiatives, creativity, or adequate education to prepare the people for skilled work. Much of the education the citizens receive at school are pure propaganda, meant to support the legitimacy of the regime, expressing lack of infrastructure and educational facilities to promote effective and efficient education that will expose the learners to life-long skills to survive in the society and to sustain a living. It means that these teenagers graduating from schools will not be able to own property, startup businesses, or become prosperous even if many people engage illegally in private economic activities to make a living (Binwei,2022). These are the type of institutions termed economic extractive institutions which encourage under development in any economy.

However, Acemogulu and Robinson (2013), explain that inclusive economic institutions as those that allow and encourage participation by the great mass of people in economic activities which make best use of their talents and skills, and which enable individuals to make choices from the existing alternatives. They state that to be inclusive, economic institutions must feature secure private property, and unbiased system of law, and a provision of public services that provide a level playing field in which people can exchange and contract. Those who come up with good ideas will be engaged in starting businesses to earn their living and create employment opportunities, workers will tend to be involved in activities where their productivity is greater. This provides a spring board for private sector to come in to partner with the government in certain arrangements to contribute to the economic development and growth, therefore building and sustaining partnerships for achievement of SDGs. This paper therefore supports inclusive economic institutions.

Conceptual Literature

PPPs and Quality of Health care Delivery

The term Public-Private Partnerships (PPPs) come from the term public and private coming together. Public is the term used to express “of or provided by the state or government rather than an independent or commercial organisation”. The term private means “of a service or organisations or industry owned or provided by an independent, individual or a commercial company rather than the government or state”. The term partnership means an arrangement in which both parties agree to co-operatively work for promotion of their mutual interests. From these, PPPs mean that there are mutual participations between the state and a private organisation.

Hence, according to Krishnan (2015), PPP is a mode of implementing government programmes/schemes in partnership with the private sector, and it provides an opportunity for private sector participation in financing, designing, constructing, operation and maintenance of public sector programmes and projects.

These arrangements come to play because the state could not satisfy the demands to fulfil the welfare of the citizens which are on the increase as the day progresses. This has made the two to come together for them to take certain risks in provision of services and goods in any of the sectors that are needed to make progress in the society. Hence, while the state is obliged to provide some goods and services to the citizens, there are limitations in running the expenditure through the tax generated. For the state to continue borrowing to perform her duties, it could lead to a worrying fiscal deficit. If the fiscal deficit is not controlled, it might result to inability to pay off the debts. Hence the country involved will be associated with the risk of default. The cost of borrowing more as a debtor would be high, therefore increasing the debt challenges as well as affecting the future generations of such country which is not sustainable for any country. Savings should be transformed to investment for more fiscal opportunities in the country, but Nigeria has so much financial intermediations and challenges that do not allow savings to translate to investments.

Many are not accessing quality education and health care services and therefore poverty increases since educated and healthy citizens will be the expected people in the labour force. PPPs in a real sense will assist in various sectors to create employment opportunities because there are shared goals for effective and efficient delivery. However, the main goal of the private sector is making value for the invested money, and that of

the public sector or the state is for the welfare of the citizens. These differing interests are controlled for efficiency through the initial design of the PPP that ensures that the two sectors have mutual understanding.

Oyedeji and Abimbola (2014), argue that PPPs are essential in wealth generation and improved efficiency and if channelled towards primary health care delivery, it will enhance the health seeking behaviour of the rural communities. This will reduce the out-of-pocket expenditure on health issues which takes up the larger part of the income of the rural people. These rural communities contribute to the economy through their agricultural, non-farm activities and other wealth generating activities that will sustain the economy; by providing education, health care services, reducing the cost of the health services in the rural areas will establish and improve their talents, reduce rural–urban migration, as well as save their income which could add to the growth of the country.

Primary health care components according to National Health Policy (2016) include: educating people on prevailing health challenges and the methods to prevent and control them, promoting food supply and appropriate nutrition, supplying safe water and basic sanitation adequately, supplying maternal and child health care alongside family planning services, giving immunization against the major infectious diseases, preventing and controlling locally endemic diseases, appropriate treatment of common diseases and inquires, providing essential drugs and providing community mental health care as well as oral health among others. These primary health care mandates are undersupplied in Nigeria since the state could not invest singly to provide the expected services to her ever-increasing population. Since the state has failed in running the primary health care system to the optimum satisfaction. Using what other countries like India in adopting PPPs in the primary health would be an alternative in the country for inclusive economic activities that will lead to sustainable economic development. Therefore, the PPPs will exercise the synergies between the public sector and private sector to deliver quality goods and services to the citizens at affordable costs to improve the standard of living of the people and sustain inclusive economic growth (Nasrin, Leila, Mahdi, Jafar, Sadegh and Vladimir; 2021). More so, Federal Ministry of Health (2005), had a National policy on PPP for health. The policy had not reflected on the health outcomes in Nigeria. More so, Fasanmade (2021), argues that this document had not actually served its purpose maximally in achieving universal health for all in Nigeria.

Primary health care services in Nigeria are the responsibilities of the local government authorities since their establishment in 2004. They were established to achieve health for all, but there are challenges surrounding the efficiency of the primary health care in terms of availability of the health technology, quality of the personnel, and availability of the infrastructure to deliver the expected health services to the rural community. Tombari (2017), argued that engaging interested private sectors to partner with the state could be a way to curb these challenges facing the primary health care services in Nigeria. The World Health Organization (WHO) (2016), has defined primary health care as an essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. Olawole (2010), examined the impact of physical distance as a determinant of the type of health care facilities patronized in rural areas of Nigeria as well as the contribution of socio-economic and mobility factors in determining the type of health facilities utilized. The study used primary data collected through a questionnaire administered to 220 respondents selected through stratified sampling technique from 11 rural settlements of Badagry Local Government Area, Lagos State. The findings revealed that the General Hospital located in Badagry town is dominantly used by 56.36% of the respondents and that a weak positive correlation (0.38) existed between distance and the choice of health facilities, Principal component analysis result showed that 62.1% of the reasons for the choice of health facilities patronized was explained by five factors (monthly income, 20.20%; sex, 12.88%; travel time, 10.34%; household size, 9.83% and transport cost, 8.84%), He concluded that the choice of hospitals by 56.36% of the sampled population as preferred and most utilized health facility in the study area was strongly determined by the combination of socio-economic and mobility factors. He recommended that government should upgrade some of the rural based primary health facilities to general hospitals and to encourage private sector to established quality hospitals in rural areas.

The paper did not engage the public health policy on injecting the PPPs in the primary health sector to improve the ability of the individuals to utilize the PHC, but on the physical distance patients traveled to access the health facilities. The added value of PPPs as in India, where PPPs have enhanced inclusiveness in agriculture, infrastructure and in small businesses, could be applied to the primary health care services in Nigeria for majority of the rural people to have access to better health.

However, Okoli, Eze-Ajoku, Oludipe, Spieker, Ekezie and Ohiri (2016), carried out a study on improving quality of care in primary health-care facilities in rural Nigeria. The main objectives of the study were to assess the changes in quality of care in primary health-care facilities in rural Nigeria following the provision of technical governance support, and to document the successes and challenges encountered. A total of 6 states were selected across the 6 geopolitical zones of the country. However, assessments were carried out in 40 facilities in only 5 states. Selection was based on location, coverage, and minimum services offered. The facilities were divided randomly into 2 groups. The treatment group received quality-of-care assessment, continuous feedback, and improvement support, whereas the control group received quality assessment and no other support. Data were collected using the Safe Care Healthcare Standards and managed on the Safe Care Data Management System—Afri DB. Eight core areas were assessed at baseline and end line, and compliance to quality health-care standards was compared. Outcomes from 40 facilities were accepted and analyzed. Overall scores increased in the treatment facilities compared to the control facilities, with strong evidence of improvement ($t = 5.28$, $P = .0004$) and 11% average improvement, but no clear pattern of improvement emerged in the control group. The study concluded that governance support and active community involvement offered potential for quality improvement in primary health-care facilities. For the fact that PPPs had worked in other sectors in other countries such as in India according to Krishnan (2015) it could be helpful in Nigeria to accelerate the primary health care services.

A reviewed of the strategies and constraints in implementation of Primary Health Care in Nigeria was embarked upon by Alenoghena, Aigbiremolen, Abejegah and Eboeime (2014), Nanloh, Shalkur, and Bulus (2017). The papers state that the Alma Ata declaration on Primary Health Care (PHC) of 1978, that was meant to address the main health challenges in rural communities by providing preventive, curative and rehabilitative services has not delivered on the mandates. Nigeria was among the 134 signatories to this invaluable idea. Subsequently, several re-organizations of the Nigeria health structure to align with the new vision were made. The implementation of PHC, primarily through services provided at the primary health centres, vary based of the type of PHC facility in Nigeria. Several other PHC services within the domain of health include community mobilization, service integration and selected PHC programs under the auspices of international collaborators. However, both government failure and market failure (including coordination problems

and information externalities) are real according to Todaro and Smith (2011) but PPPs contributions to development are important. There are evidences that PPPs has improved efficiency, transparency, effective monitoring and evaluation in provision of infrastructure and in education sector from other countries according to Krishnan (2015). The implementation of Community Directed Intervention (CDI) could contribute to the solution to challenges of PHC in rural areas.

Economic development

It is argued that Economic development plays a key role in ending poverty especially when the infrastructure such as electricity, water, roads and access to health facilities are attended to and provided to change the standard of living of the people (World Bank, 2014). Todaro and Smith (2011), explain that economic development in the past has been typically seen in terms of the planned alteration of the structure of production and employment so that agriculture's share of both decline and that of the manufacturing and service industries increase. According to Todaro and Smith (2011), Obokoh (2019), Bwana (2022), to enhance economic development for countries such as Nigeria, it is important that the institutions should exploit means in which actors in both public and private sectors have incentives to work productively together in such a way as to create the conditions necessary to break out of poverty traps. These conditions include provision of power as well as other infrastructure that will enable industrialization.

Inclusive economic Institutions

Inclusive economic institutions are engines for prosperity and give rise to inclusive economic growth (Acemogulu and Robinson, 2013). It brings about the pathways to actualize prosperity, technology and education. Technology is generally linked to education, skills, competencies and technological know-how of the work force, which could be acquired in schools, at homes, and on the job training. There are more to skills and competencies in skills of the workers than just the ability to operate the machines. It is the education and skills that are generated by the workforce through scientific knowledge which are the bedrock of any country that wishes to attain the Sustainable Development Goals. This is so because all the sustainable development goals will require technology in one aspect or the other to be achieved and sustained. Acemogulu, Johnson and Robinson (2003); Acemogulu and Robinson (2013), see these as failure of the country to mobilize their potential talents. They are being conditioned to do what they would not want to do. Inclusive economic institutions will gather the positive aspects of the inclusive markets will encourage

education, science and technology. It will equally bring about investing in people, gathering talents and skills of the population which are critical for inclusive economic development. There will be more merits in addressing inclusive development with the provision of the health care services to the people; for a healthy nation is a wealthy nation. This paper argues that effective healthcare provision in the rural areas would be supported by PPPs for healthy citizens to participate in productive ventures to facilitate economic development.

Conclusion

Injecting PPPs in Nigeria's primary health care system to provide medical facilities and funds to pay the medical personnel will enhance universal health coverage and equity in health care delivery. There will be improved health care quality, accessibility, reduced out-of-pocket expenditure, acceptability and efficiency in the primary health care delivery. These will encourage health education, awareness and good health seeking behaviors for the population especially in the rural areas. This will equally reduce rural-urban migration that impinges on the economy. Educated and healthy population will contribute to the growth of the economy positively for achievement of the sustainable economic development goals in Nigeria.

Recommendations

The following recommendations are proffered:

1. Policy makers should adopt inclusive economic institutions in Nigeria to make education, health and other sectors productive to contribute to the economic development that will improve the standard of living of the people.
2. Nigerian government should encourage PPPs as tools for prosperity in economic productivity that will sustain inclusive development.
3. Private sector should partner with the state in primary health care delivery services and education in Nigeria to attain the corresponding sustainable economic development.
4. PPP using community-directed interventions should promote access to primary healthcare to achieve effective health care services in rural areas.

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