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POLICY PAPER

CPED Policy Paper Series No. 1 2017

IMPROVING HEALTH CARE SERVICE DELIVERY IN NIGERIA THROUGH COMPREHENSIVE HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS): — THE ROLE OF THE PRIVATE HEALTH CARE SECTOR

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This publication is supported by the Think Tank Initiative Programme Initiated and managed by the International Development Research Centre (IDRC)

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Publisher

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First Published in 2017

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This publication is supported by the Think Tank Initiative Programme Initiated and managed by the International Development Research Centre (IDRC)

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Preface

This policy paper is part of an ongoing action research project of the Centre for Population and Environmental Development (CPED) titled: *"Improving Maternal, Newborn and Child Health (MNCH) in Underserved Rural Areas of Nigeria through Implementation Research"* funded by Think Tank Initiative (TTI) programme of International Development Research Centre (IDRC). Health information play a tremendous role in improving the efficiency, cost-effectiveness, quality, and safety of health delivery in any nation's healthcare system. The private health sector plays an increasingly important role in the health systems of low- and middle-income countries including Nigeria. Health information system provides the foundation for decision-making and has four key functions: data generation, compilation, analysis and synthesis, and communication and use. In Nigeria health services are hindered by the deficiency of reliable health information and available health data. Although about thirty-eight percent of all registered facilities in the FMOH health facilities database are privately owned, of which about 75% are primary health care facilities and 25% are secondary care facilities, health information from these sector are barely integrated into the national health information systems. This policy paper presents some key challenges of health information gathering in Nigeria as well as the role private healthcare sector can play in data gathering and reporting for improved health care service delivery in Nigeria. Actionable recommendations for policy influence and result utilization by government institutions and other key stakeholders in Nigeria are well documented in the paper. Both primary and secondary sources of data were explored and used for the research from which this policy paper emanates.

We are particularly grateful to *Think Tank Initiative* for the support to CPED which has enabled the Centre to carry out the research and publication of this policy paper. We wish to thank all staff of CPED Communications Division for their hard work which led to the design and printing of this paper.

Job Imharobere Eronmhonsele
Centre for Population and Environmental Development (CPED)
Benin City, 2017

Introduction

Sound and trustworthy information is the foundation of decision-making across all health system building blocks, and is critical for health system policy development and implementation, governance and regulation, health research, human resources development, health education and training, service delivery and financing. Health information system provides the foundation for decision-making and has four key functions: data generation, compilation, analysis and synthesis, and communication and use. The health information system collects data from the health sector and other relevant sector, analyses the data and ensure their overall quality, relevance and timeliness, and converts data into information for health-related decision-making (WHO Report 2008). Therefore, for effective management of health and health resources, governments at all levels in Nigeria have overriding interest in supporting and ensuring the availability of health data and information as a public good for public, private and NGOs' utilization (CPED Policy brief, 2015). Health information has played a tremendous role in improving the efficiency, cost-effectiveness, quality, and safety of health delivery in our nation's healthcare system. This paper, therefore, present some key challenges of health information gathering in Nigeria as well as the role the private healthcare sector can play in data gathering and reporting for improved health care service delivery in Nigeria.

Key Challenges of Health Information Management in Nigeria

Planning, monitoring and evaluation of health services in Nigeria are hindered by the deficiency of reliable health information and available health data. The condition of health of the population is evaluated on the basis of very little information, which has been gathered in a few limited surveys and research studies. The major constraints in the generation/strategic use of health information and evidence for health systems operations and policymaking in Nigeria include; (1) Lack of strong central coordinating institutional structure (2) Lack of clarity with regards to data submission and responsibilities (3) Widespread duplication of data collection, entry and analysis (4) Inadequate quality control measures (5) Misreporting of conditions, poor understanding, low confidence and acceptability, amongst others.

On the other hand, the basic demographic data about the size, structure and distribution of the population are unreliable on a national scale. The system for the registration of births and deaths nationally is defective and hence it is difficult to ascertain some viable indicators like the crude birth rate, crude death rate and infant mortality rate.

The Private Health Care Sector

The "private health sector" includes a vast diversity of actors. These can be classified in several broad components as outlined below.

Private sector providers: The private health sector providers are often be the most visible part of the health care delivery system because they have

direct contact with users. However, there is considerable heterogeneity within the private sector health delivery component, and the configurations of providers are specific to each context. For example, private health providers range from modern practitioners and certified health care professionals to traditional healers. In low-income countries, the private sector often provides both curative and preventive services, auxiliary services, and psycho-social support (Bennett, 2004).Private sector provision also comprises a range of institutions with different status—from largely not-for-profit non-governmental organizations (NGOs) and faith-based organizations, to for-profit health care businesses—and may be organized as an individual or group practice.

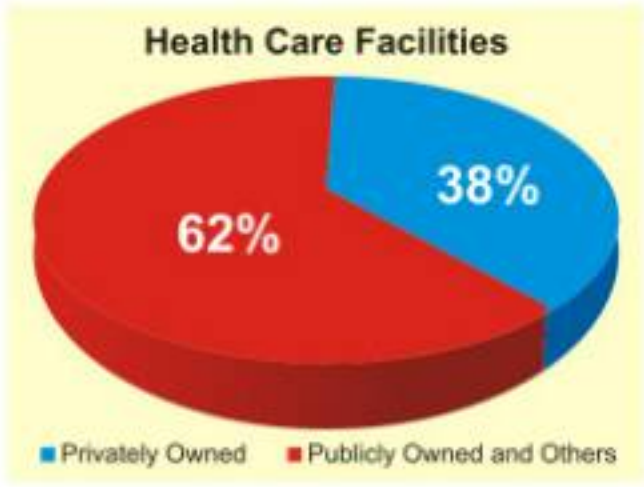
Private Financers: These include private insurance, community-based health insurance, employer based insurance, or direct employer financing of care.

Private providers of inputs: These include producers, procurers, and distributors of commodities relevant to the health sector. This includes physical inputs such as infrastructure, pharmaceuticals, and supplies such as condoms (Conteh and Hanson, 2003).

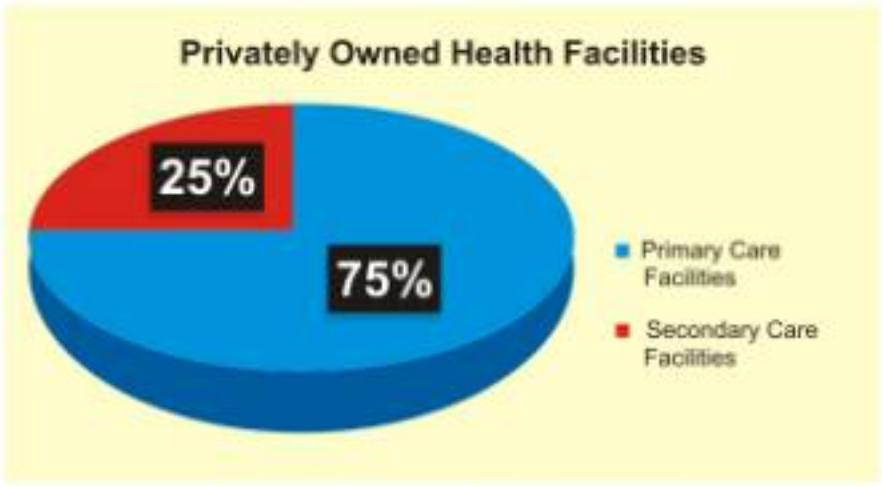
Private sector organizations can be funded through their own sources (from investment and profit, including from user payments), through government grants or subsidies, international aid grants, international donations (in kind), or a mix of these.

Visual description of the Nigeria Health Sector and the role of the Private Health Sector in Nigeria's National Health Management Information System

The Nigerian health system is broad and comprises of public, private for-profit, Non-Governmental Organizations(NGOs), community-based organizations (CBOs), faith-based organizations (FBOs), and traditional health care providers. The health sector is very heterogeneous, and includes unregistered and registered providers ranging from traditional birth attendants and individual medicine sellers to sophisticated hospitals.



Federal Ministry of Health, 2011



Federal Ministry of Health, 2011

Thirty-Eight percent of all registered facilities in the FMOH health facilities database are privately owned, of which about 75% are primary health care facilities and 25% are secondary care facilities (Federal Ministry of Health, 2011). Private facilities account for about one-third of primary care facilities and could be a potentially important partner in expanding coverage of key health services.

The private sector plays an increasingly important role in the health systems of low- and middle-income countries including Nigeria. The private health sector constitutes a major part of the health care delivery system in Nigeria,

especially in urban cities. Akande and Monehin (2004) noted that in Edo state for example, 61.3% of health facilities are run by private proprietors. He added that in view of the high patronage they enjoy, the health data obtained from these facilities must also form a part of the information available to NHMIS for the purpose of planning and decision-making.

In a research conducted by CPED on access to primary health care in nine Local Government Areas of Delta state in2016, report shows that 25% of the primary health care facilities in Aniocha North LGA were owned by private and non-government organisations while in Udu LGA, 29% of the facilities were owned by private individuals

The Private health sector has received insufficient attention because of a lack of information about its role and significance, especially in the context of increasing external assistance. The nature of the private health sector in a country, and the way it has been influenced by historical patterns and changes, will determine what services are provided and the patterns of use at any particular time (Balabanova. et al. 2008).

Since the 1990s, the World Bank has pioneered initiatives to draw on the private sector as a partner in reform of health financing and delivery, including proposing the introduction of user fees in public facilities in low- and middle-income countries and, more recently, reevaluating the role of the private sector in relation to contracting-out, social reinsurance, and the corporatization of public hospitals (Preker A. and Harding A. 2003). Historically, some bilateral governmental agencies such as the *United States Agency for International Development (USAID)*have worked in close collaboration with the private sector, and have funded projects implemented by private sector organizations, both for-profit and not-for-

profit. In the case of USAID this collaboration has been a reflection of one broader aim of U.S. foreign assistance policy, which is to expand free markets. Nigeria has benefited from these initiatives which in most cases piloted effectively through the private organizations

Since the Private sector is accountable to the government in the areas of legal registration, ensuring quality and standards, regulatory requirements and other specific agreements, it can therefore ideally provides information about its activities to the government and to donors if necessary, that could feed into national data collection systems. The private sector can also provide other inputs that can benefit the public sector, for example personnel trained by NGOs or private educational establishments who can then be employed in the government sector, or certain skill sets not available in the public sector such as management expertise.

The private sector could have meaningful input in policy making. Therefore, the government of Nigeria may set policy goals in consultation with private sector, donors and civil society organizations. This may involve gathering information on needs and possible outcomes, setting priorities, and planning. Once policy objectives are set the government ensures that these are implemented through strategic oversight and monitoring.

Policy Recommendation

- *Redesign System of health information flow*: Government should restructure the way information is generated from all health sectors in Nigeria including private clinics, hospitals and PHC centres both at the community, local government, state and national level. Information to be collected should include number of death occurring in community,

at the health facilities, and causes. Record of commonest illnesses presented, diagnosed treated should also be reported.

- *Build the capacity of information officers in the respective health sector:* The accuracy, validity, completeness and legibility of data on health systems across the health sectors cannot be overemphasized. Government in close collaboration with private health care provider should train and retrain those saddled with the responsibility to generate, process and report information in a given healthcare facility or centre.

- *A separate agency for HMIS should be established:* This should be entrusted with the responsibility to manage health systems information across all healthcare sectors, and report to the ministry of health.

- *Develop appropriate methodology for collecting required information*: Government through the proposed established HMIS agency should develop good mechanism for receiving information or data from all private facilities across Nigeria either at the rural or urban levels.

- *Develop Effective legislation for Data use:* Government should ensure that all public and private health care service providers cooperate with use of supplied forms for information generation and adhere to prescribed instruction through effective legislation.
- Government should ensure that feedback from information received, processed and documented either on bi-annual or annual basis in bulletins or reports are disseminated to the various facilities and providers supplying such health care information.

Conclusion

The global health community has come to understand more about the role that health information systems play in improving global health. Even so, using data to make evidence-informed decisions is still weak in most low- and middle-income countries including Nigeria. This is particularly true for data produced by routine health information systems. Strong health systems are central to achieving better health outcomes, and strong health information systems are the backbone of strong health systems. A properly functioning health information systems gets the right information into the right hands at the right time, enabling policymakers, managers, and individual service providers to make informed choices about everything from patient care to national budgets. Strong health information systems support greater transparency and accountability by increasing access to information. Unfortunately, Nigeria and indeed many African countries have a long way to go to achieve these goals. This paper has drawn attention to this critical key issue and the way forward in Nigeria in the coming decades.

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About the Author

Job Imharobere Eronmhonsele holds a Masters Degrees in Health Planning and Management (MHPM) at the University of Benin, Nigeria. He joined *Centre for Population and Environmental Development (CPED), Benin City, Nigeria* in 2008 after completing his one year compulsory time in the National Youth Service Corps in Mobbar LGA, Borno State, Nigeria in 2007. He was later employed as Programme Officer in 2009 in the same organisation, and rose to the position of a Senior Programme Officer in 2012. He has been involved and implemented a substantial number of intervention and research projects across Nigeria including building the capacity of Local Civil Society Organisations for participation in CPED projects. He has in-depth understanding of community mobilization and engagement and high interest in Health Management Information Systems. He is an expert in communications with policy makers, and currently the head of Policy Engagement and Communications Division of CPED. He has participated and made presentations in different conferences/workshops in Nigeria and in different countries in Africa and beyond. He has published in reputable peer-review journals.

About CPED

The Centre for Population and Environmental Development (CPED) is an independent Think Tank organization dedicated to promoting sustainable development and reducing poverty and inequality through policy oriented research and active engagement on development issues. CPED is located in Benin City, Edo State, Nigeria. The Organisation was formally registered in Nigeria by the Corporate Affairs Commission (CAC) in 1999. CPED is a member of different Think Tank Networks including the "West Africa Think Tanks Network (WATTNet)", and also a beneficiary of the Think Tank Initiative (TTI), a multi-donor program of the *International Development Research Centre (IDRC),* Canada. The Centre's Executive Director is ***Professor Emeritus Andrew Godwin Onokerhoraye***, vice chancellor University of Benin (1992-1998).

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