

Public Health Policy and Health Human Resource Preferences in North Central Nigeria: A Costly Paradox?

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Abstract

Nigeria has some of the most disturbing health indicators in sub Saharan Africa and indeed the world. The WHO estimates that about 157 out of 1000 Nigerian children annually die before their fifth birthdays, from preventable/treatable diseases. This is aside the fact that Nigeria contributes about 10% of global maternal mortality though it hosts just 2% of the world female population. This narrative positions Nigeria as the 2nd highest contributor to global under five mortality, and registers Nigeria as a major contributor to global disease burden. Attempts at reversing the trend, is hinged on a health policy anchored on Primary Health Care. Ironically however, a greater percentage of Nigeria's health professionals prefer job placements at the secondary and tertiary levels of health care delivery even though 53% of the population live in rural areas and are serviced by Primary Health Care institutions. This paper interrogates leadership gaps and lapses responsible for this paradox in Kogi State, North – Central Nigeria, while measuring its socio economic cost on the country, and indeed, Africa. Key findings show that health human resource preferences for the other levels of health care delivery may be the result of a yawning gap between Public Health Policy (hinged on Primary Health Care) and political/leadership will/commitment to implementing it. This is reflected in the lack of autonomy for Local Government Authorities who play huge roles in the implementation of Primary Health Care, and the lack of special incentive for health workers in rural posts. The paper recommends far reaching Human Resource for Health policy reforms among others.

Keywords: Public Health Policy, Primary Health Care, Health Human Resources, Local government autonomy.

1. INTRODUCTION

Nigeria is a federation of 36 states that hosts over 140, million people (NPC, 2006). Aside the fact that it is the most populous nation in Africa; it is endowed with huge mineral resources like oil and gas. With such huge potentials, the expectation should be that the attainment of the millennium development goals especially in a critical sector as health would be easily realizable. However, Nigeria continues to lag behind on almost all indices of the Sustainable Development Goals, and more so in the critical health related goals.

The situation of maternal and child health in Nigeria is among the worst in Africa and has not improved substantially and in northern part of the country has worsened over the past decade (Ladipo, 2009). If the argument of the World Health Organization (2006) that maternal and child health is the most important issue that determine global and national wellbeing, is anything to go by, then Nigeria is far from being healthy.

Indeed, maternal mortality remains the leading cause of death among women of reproductive age globally, but the situation in Nigeria is quite exceptional; for instance, Nigeria has only 2% of the global female population but contributes 10% to the global maternal mortality burden (UNICEF, 2015).

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