THE NIGERIAN HEALTH ECONOMIST’S UNPLAYED ROLE IN SECURING PRIMARY HEALTH CARE FOR ALL

Emmanuel Ndenor Sambo

Nigeria State Health Investment Project, Taraba State Primary Health Care Development Agency

Hyeladzira Garnvwa-Pam Dr Fanen Verinumbe

National Primary Health Care Development Agency

Background: As most African countries and the rest of the world continue to spend more on health, corresponding increase in the intended general health outcomes cannot be confidently said to have been achieved. There is a general consensus on the need to rejig the health financing strategies that have been employed by various governments in the developing world.

There exists a chasm, a sort of systemic vagueness in the guidance of health financing policy. This in effect has allowed policy makers to make rather misguided decisions that suggest an absolute absence at worse and an irrelevance at the least of health economists on the decision-making table to inform policies.

Objectives: This paper aims primarily to simulate thinking around how health economists in African countries can take a front row seat in guiding an evidence driven decision making process in keeping with global best practices as the world steers towards Universal Health Coverage.

This study aimed to assess the quantity, quality and targeting of economic evaluation studies conducted in the Nigerian context and the extent to which they translate to effective health policies.

It further points out some areas that the health economist in Africa has left unattended to at the detriment of the whole health system.

Methods: A comparative review of Nigeria’s health systems’ institutionalized policy making processes was employed as well as a systematic review of full economic evaluation studies published between 1998 and 2018 in international and local journals. where information regarding global best practices that are not practiced in the African setup were elicited and brought to bare.

Key Findings: Even though most African countries have pockets of Health Economists with technical capacity to provide the much required guidance to policy makers, the institutional platform for such technocrats is unavailable or at best weak.

Conclusion: For the African Health System to reach set targets, in this case Universal Health Coverage, the Health Economist must take up the responsibility of providing the health policy maker and implementer with empirical evidence informed guidance.