DAISMUN XI

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Introduction:

Nigeria's healthcare has always been underdeveloped, and undermanaged. An issue further characterized by the state's lack of completed Millennium Development Goals (MDGs) The most glaring issue is the lack of medical personnel, with the country needing 237,000 doctors, while only having 35,000, which (according to the Global Health Workforce Alliance), is a 1.95-to-1,000 doctor-to-population ration. This lack of human resources for health (HRH) is accompanied by the state's lack of medical resources; according to the World Bank database, Nigeria only has 5 hospital beds per 10,000 population. The state's lack of medical personnel and resources has also led to an increase of medical tourism in Nigeria, which causes the state to lose about 1.5 billion dollars annually (according to Voice of America News). According to the Nigerian Medical Association, India receives more than half of all the Nigerian medical tourists. In recent times, the healthcare of Nigeria has been put to the test against the rising Covid-19 pandemic, so Nigeria has partnered with multiple corporations to support its healthcare.

These corporations include the National Petroleum Corporation (NNPC), which - according to the International Trade Administration - has agreed to build 14 medical centers as well as 2 intensive care units (ICU). The Nigeria Centre for Disease Control (NCDC) also has announced that they will prioritize testing, and plan to increase testing laboratories as well. However, as mentioned before, the Covid-19 pandemic is only one of a few problems Nigeria is experiencing with its healthcare. In order to address its lack of medical personnel – According to the WHO - the National Primary Health Care Development Agency (NPHCDA) started the Midwives Service Scheme (MSS) in 2009, which was dedicated to increasing the number of Skilled Birth Attendants (SBA) to reduce infant mortality. Also, according to the WHO, to address the issue of achieving health MDGs, the Harmonization for Health in Africa (HHA) collaboration was founded to not only support Nigeria, but all of Africa. In more recent times, according to the WHO, the second National Strategic Health Development Plan (NSHDP II) was put into action to provide concrete steps in driving Nigeria towards Univeral Health Care (UHC). NSHDP II is considered one of the more ambitious projects in Nigerian healthcare, with partners and donors such as WHO and UNICEF each donating hundreds of thousands of USD in support of this plan. Solving the problem of Nigerian healthcare is not only a state-level problem, but is recognized by even the most auspicious organizations, emphasizing this topic's importance.

Key Terms:

Human resources for health

According to the WHO, Human resources for health are healthcare workers whose "primary intent is to enhance health". Human resources include staff such as physicians, nurses, pharmacists, and management/support staff. They can be working part of full time, and can be working paid, or on a volunteer basis. (According to the WHO)

Medical Tourism

The CDC classifies Medical Tourism as traveling to another country for medical care. Factor for this travel can include lack of medical resources in one's own country, or because treatment is cheaper in another country. People commonly conduct medical tourism for procedures such as dentistry, and heart and cosmetic surgery. (According to the CDC)

MDG
The United Nations eight Millennium Development Goals (MDGs) are goals that were created to try and meet the needs of the world's poorest. The eight goals include: Eradicating poverty and hunger, Achieving universal primary education, Promoting gender equality, Reducing child morality, Improving maternal health, Combatting infectious diseases, Ensuring environmental sustainability, and creating a Global partnership for development. These goals were set to be achieved by 2015. (According to the UN)

MSS
MSS stands for the Midwives Service Scheme, which was a scheme established in 2009 by the NPHDCA. Its purpose was to increase the amount of medical personnel working in Nigerian healthcare units, by having midwives apply and deploy at jobs in healthcare facilities to reduce infant mortality (one of the MDGs). Within the first year, 2,622 midwives were successfully recruiting, which brought Nigeria closer to achieving one of the UNs eight MDGs. (According to the WHO)

SBA
Skilled birth attendance (SBA) is the number of skilled health professionals that are present during pregnancy delivery. These can include doctors, nurses, or midwives. An increase of SBA results in a decrease of infant mortality, which is why the goal of having a higher SBA in Africa has been prioritized because of Africa's high infant mortality rate. (According to the WHO)

NSHDP II
The second National Strategic Health Development Plan (NSHDP II) is another collaboration between international donors and partners such as the WHO, and UNICEF. Its purpose was to provide a template and plan for Nigeria to achieve Universal Health Care. (According to the WHO)

UHC
Universal Health Care (UHC), sometimes called Universal Health Coverage, is a major goal for the WHO to achieve health reform in struggling countries. It works to ensure that all people have easy access to health services, which includes the prevention, treatment, and rehabilitation of diseases and diseased patients. (According to the WHO)

History

The first record of modern medical services in Nigeria
the first record was during the various European expeditions in the early-to mid-nineteenth century. The earlier explorations of Mungo Park and Richard Lander were seriously hampered by disease. In the expedition of 1854, Dr. Baikie introduced the use of quinine, which greatly decreased mortality and morbidity among the expeditioners. The use of quinine both as prophylaxis against and as therapy for malaria fever, expanded exploration and trade. (page 53-65 of book The evolution of health care systems in Nigeria: Which way forward in the twenty-first century written by Department of Pediatrics & Human Development, Department of Pediatric Hematology/Oncology Michigan State University East Lansing, MI, USA in 2010)

The Emergence of Organized Health Care Services
It would seem from available accounts that the earliest form of Western-style health care in Nigeria was provided by doctors brought by explorers and traders to cater for their own well being. But The services were not available to the indigenes until the church missionaries first established health care services for the people. The first hospital in Nigeria was the Sacred Heart Hospital in Abeokuta, built by the Roman Catholic Mission in 1885. (page 435-436 of book A History of the Nigerian Health Services by S. G. Browne in 1973)

The Emergence of Centralized Control of Health Care Services
At the turn of the century, medical services, as is the case with some other services, in Nigeria were merged and controlled by the Colonial Office in London. This was the first centralization of control of health services in West Africa. As health care management became more complex, the central administration of health care services became regionalized, while maintaining some common West African facilities such as the West African Council for Medical Research, which came into being in February 1954. In Nigeria specifically, medical services developed and expanded with industrialization. Between 1952 and 1954, the control of medical services was transferred to the Regional governments, as was the control of other services. Consequently, each of the three regions (eastern, western and northern) set up their own Ministries of Health, in addition to the Federal Ministry of Health. (page 435-436 of book A History of the Nigerian Health Services by S. G. Browne in 1973)

The New Health Hierarchy
On the last day of 1983, a new Military Government came into being in Nigeria and one of the reasons it gave for the Military intervention was the state of health services. The health strategy under this revised plan gradually shifted emphasis to primary health care. Although this has always been the ultimate goal of the plan, the political will did not seem to exist for its implementation. The adoption of the WHO target of Health for All by the Year 2000 by the federal government was marked by shifts in emphasis and structural changes in health care administration. (page 53-65 of book The evolution of health care systems in Nigeria: Which way forward in the twenty-first century written by Department of Pediatrics & Human Development, Department of Pediatric Hematology/Oncology Michigan State University East Lansing, MI, USA in 2010)

Nowadays
In more recent Nigeria, this lofty goal has not been achieved. The capacities of the facilities that emerged from previous efforts have been stretched and infrastructure broken beyond repair. Due to political instability, corruption, limited institutional capacity and an unstable economy, primary health care services now exist only in name. (page 53-65 of book The evolution of health care systems in Nigeria: Which way forward in the twenty-first century written by Department of Pediatrics & Human Development, Department of Pediatric Hematology/Oncology Michigan State University East Lansing, MI, USA in 2010)

Major Parties:
NNPC: NNPC stands for the Nigerian National Petroleum Corporation. It was established on April 1, 1977, and oversees Nigeria's refining, transportation, and marketing of oil products. (According to the NNPC)
NCDC: The Nigeria Centre for Disease Control (NCDC) is the national public health institute for Nigeria. It operates to protect Nigeria from the impact of infectious diseases. It prioritizes evidence-based prevention and response and is led by a skilled workforce. (According to the NCDC)
NPHDCA: The National Primary Health Care Development Agency (NPHDCA) is part of Nigeria's Federal Ministry of Health. It prioritizes developing primary health care, providing technical support, mobilizing resources, and provides manpower for primary healthcare. (According to Socialprotection.org)
HHA: HHA stands for Harmonization for Health in Africa, which is a collaboration between organizations such as UNICEF, WHO, and UNAIDS. This collaboration initiative was established to provide regional support to health systems in Africa. It was created to also support Africa in reaching MDGs. (According to the WHO)

Previous Attempts to Resolve the Issue:
In 2015, the government established the Basic Healthcare Provision Fund (BHCPF) to finance and manage the implementation of PHC revitalization as a means for achieving UHC. The act calls for allocation of at least 1%

of the Consolidated Revenue Fund (CRF) in the national budget to capitalize the BHCPF so as to finance and manage the PHC revitalization agenda. Healthcare is provided by public and private sectors. Public health services are concurrently the responsibility of the three tiers of government. Primary, secondary and tertiary level of care are the responsibility of the local government area, state government and federal government respectively. Tertiary health care provision, the federal government manages the implementation of disease specific programs at all levels. The private sector provides close to 60% of health service delivery, in spite owning an estimated 30% of health facilities.

Timeline:

(Year)	(Event)
1940-1970s	National Health Developmental plans
1978	Alma Ata Declaration
1988	National Health Policy
1992	HMIS (Health Management Information System) Framework Design
1997	HMIS (Health Management Information System) Paper – based Implementation
2001	HIFA (Health Information For All) Computer- Based Implementation
2003	DHIS (District Health Information System) Software Pilot Implementation
2014	The enabling legal and policy frameworks for PHC revitalization include the National Health Act (NHAct)
2016	National Health Policy(NHP)
2017	Health Financing Policy and Strategy
2017-2021	The 2nd National Strategic Health Development Plan (NSHDPII)

Possible solutions:

It's highly encouraged for delegates to do additional research from sources such as the UN, government officials, news resources, and the UNICEF to best prepare for the conference. Additionally, it's recommended for resolutions to be written in the formal MUN format and address points such as but not limited to:

-What can be done to increase the understanding and awareness of healthcare in Nigeria?

-What are ways to improve the Nigerian Healthcare system?

-Should new reasonable punishment laws/ regulations be established relevant to protect citizens benefits?

-Finally, what actions would your country like to see the international community take regarding this topic?

Furthermore, delegates should identify and analyze individual factors of the failing Nigerian Healthcare, and then evaluate effective solutions to fix those factors. Delegates are also expected to give detailed solutions that address the factors and aspects of Nigerian Healthcare.

It is also encouraged for delegates to research the different perspectives of each member state and their relationship to Nigeria, to provide unbiased, and factually correct statements. Delegates are also suggested to elaborate based on previous U.N. resolutions regarding this matter to develop a more efficient resolution. Finally, all delegates should be careful of generalizing or marginalizing Nigeria and its healthcare, especially with the discriminatory stigmas surrounding the topic.

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