The U.S. Healthcare System vs. Nigeria

Before I read the textbook Essentials of Health Policy and Law I would have thought the US healthcare system was the best in the world. I was shocked to learn that; the United States spends more than two- and- a half times the average other developed countries spend but still, at times the care provided isn’t good enough (Teitelbaum J. B., & Wilensky S. E., 2013). According to the WHO a good healthcare system should fulfil three primary goals which include: “good health making the health status of the entire population as good as possible across the whole life cycle, responsiveness responding to people’s expectations of respectful treatment and client orientation by healthcare provider and fairness in financing, ensuring financial protection for everyone with cost distributed according to one’s ability to pay” (WHO, 2000). I decided to discuss the US healthcare system vs. Nigeria because I have a firsthand experience of Nigeria’s healthcare system. In the year 2000, the US healthcare system was ranked 15th position in overall performance, 1st in overall expenditure per capita and 37th overall (WHO, 2000). The key differences in the US and Nigeria’s healthcare are numerous and includes the quality of healthcare, absence of qualified healthcare personnel, presence of alternative medical practitioners (traditional healers), quality of health care facilities, access to healthcare (cost, distance and road network). Most healthcare professionals trained in Nigeria go abroad in search of greener pastures (Clark, A. Clark, F. P. & Stewart, J. B. 2006).

Quality measures used to compare the health system of the US and Nigeria are; health cost, quality of healthcare, healthcare ownership (Okolo C., 2013) and health facilities.

Quality of healthcare

The United States has one of the highest qualities of healthcare in the world. The US health insurance system reduces the risk of financial ruin in the event that expensive services are needed, provides coverage for preventive services (Teitelbaum, J. B., & Wilensky, S. E. (2013 pg 47), increases care and affects outcomes positively (Teitelbaum, J. B., & Wilensky, S. E. 2013 pg 53) while the health system (National Health Insurance Scheme and the Community Based Health Insurance Scheme) in Nigeria have several lapses. It is managed by health maintenance organizations which allot cadres depending on monthly capitations paid by consumers. Nigerian Health Maintenance Organizations are dishonest and corrupt; they do not remit funds paid to them by healthcare providers which limits the quality of healthcare consumers get as a result, Nigerian health insurance does not essentially reduces the risk of financial ruin in the event that expensive medical services are needed.

The US Medicaid health system and insurance companies in the US have access to better funding from its consumers and the government respectively. They are not corrupt and provide quality healthcare (Okolo C., 2013). Healthcare consumers in the US can choose the level of healthcare they need or require (Okolo C., 2013) but the Nigeria's Universal healthcare system does not allow consumers to choose. At times Nigerians in need of complex situations are sent abroad. Traditional medicine is silently incorporated in Nigeria’s healthcare system. Nigerians patronize traditional medical practitioners despite all counselling as a result, traditional medical practitioners are trained by the government are trained in safe practices. This is a major contributory factor in the poor health indices of Nigeria.

Healthcare ownership

In Nigeria, the government and private healthcare providers provide healthcare. The three tiers of government (federal, state and local governments) are responsible for healthcare
provision (Akhtar R, 1991 pg 264). The federal government coordinates the tertiary healthcare facilities (university teaching hospitals and the federal medical centres) while the state government manages the secondary healthcare facilities (general hospitals) and the local government manages primary health facilities (primary health care centres) these government healthcare facilities are used 30% of the population. The government set standards and laws for the private health care providers (Akhtar R., 1991 pg 265) which services approximately 70% of the population.

In the US the state governments regulates medical practice and licensing of health care institutions and hospitals while the federal government also plays a role in regulating healthcare and public health (Teitelbaum, J. B., & Wilensky, S. E. 2013 pg 38).

**Healthcare cost**
The US healthcare cost is the most expensive in the world and it keeps increasing making healthcare and quality healthcare unaffordable to more people (Teitelbaum, J. B., & Wilensky, S. E. 2013). Nigeria has a healthcare system funded by the government. Nigeria spends less than the US on health. Nigeria’s cost of healthcare is decreasing as well as its availability and quality of healthcare (Vogel, 1993). A large percentage of Nigerian citizens cannot afford private healthcare. According to Vogel, the Nigerian government spends 1.5% of its annual expenditure on healthcare covering a population of 151,319,500 each person is estimated to get $0.064 (9.66 Naira) monthly for healthcare which cannot treat common cold (1993 pg. 13). Patients pay out of pocket for healthcare in Nigeria. A large percentage of Nigerians lack health insurance and have to pay out of pocket for their health needs as a result, cannot afford healthcare. Even those who have health insurance are not covered by the health insurance cadre they qualify for. Most times this is why consumers seek care from traditional healers. Public hospitals are used by the uninsured and underserved population (Teitelbaum, J. B., & Wilensky, S. E. 2013 pg 57), “federal grants to health centres cover the cost of care or the uninsured, public hospitals receive funds to cover low-income patients” but in the Nigerian sector healthcare fees need to pay out of pocket in public hospitals to access care.

**Healthcare facilities**
Nigerian health workers are few and lack professional training and most health facilities are poor. In Nigeria health facilities are not adequately equipped especially in rural areas. This results in a lack of healthcare accessibility. Patients have to travel to have investigations conducted or take samples to laboratories. Poor road networks, inadequate health facilities are also hindrances to accessing health care in Nigeria. The long waiting hours in public health facilities, long surgical lists, overworked and under paid healthcare professionals all worsen the healthcare system in Nigeria.

Taking a look at the Nigerian healthcare system the US can ensure its health insurance companies are not corrupted. The US healthcare system should be encouraged to improve so it does not deteriorate as much as Nigeria’s system. Medical practitioners used in Nigeria are commonly primary care providers though specialists are available they are few because the system doesn’t encourage further training and there is corruption in the administration of teaching hospitals which train residents (though you have met the requirements for employment into the residency training program need to know someone to get you into the program) while the in the US there is a lack of primary care providers (Teitelbaum, J. B., & Wilensky, S. E. 2013 pg 58).
References


