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Marketplace aspect of primary health centres in Nigeria and its implications for healthcare delivery

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Background

- Primary Health Centres (PHCs) are fundamentally regarded as an institution where healthcare is provided.
- In attempt to provide care, exchange (economic and social interaction) occur between health providers and health seekers.
- If overlooked, these exchanges may open door for rent seeking (Dong, 2011). Particularly for health systems with high Out-of-Pocket payment, low wages and human resources (Onwujekwe et al., 2020).



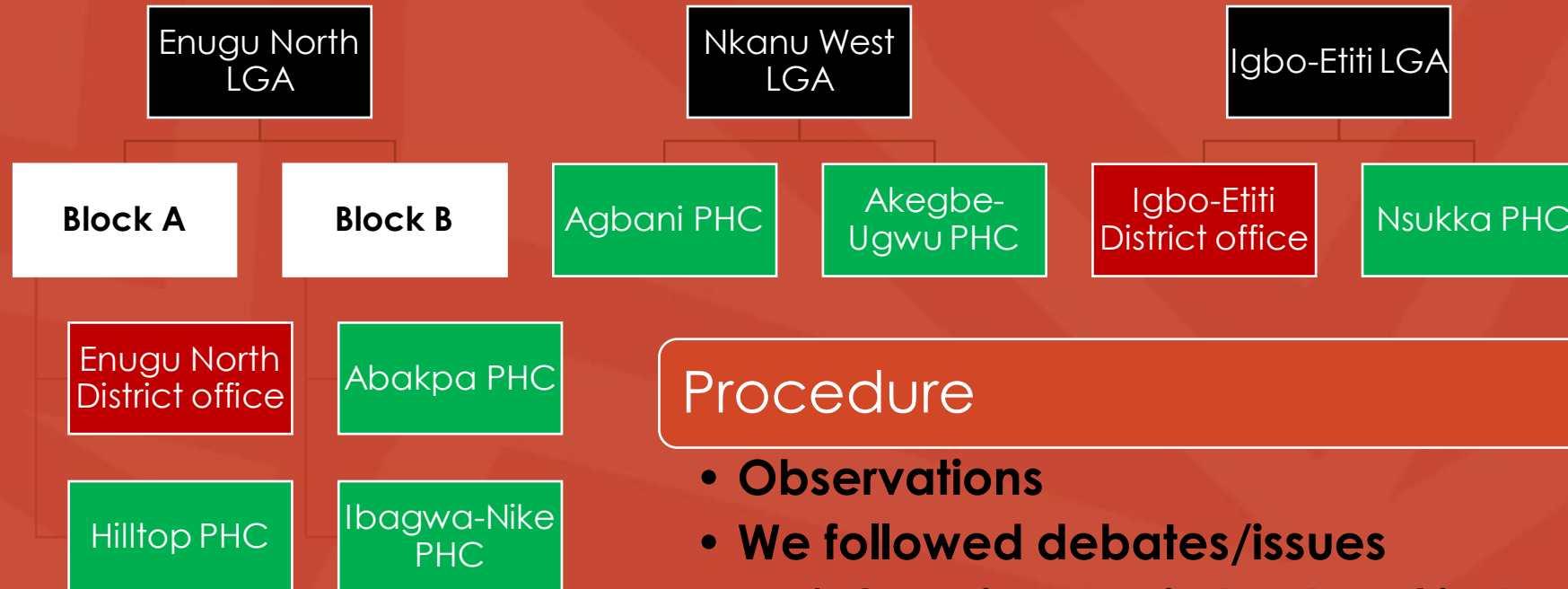
Background Cont.

- Anthropological description of markets holds them as nodes of complex social process, originators of cultural activity and realms for economic exchange (Vanberg, 2001).
- Activities in PHCs paints the picture of a typical marketplace.
- Examining PHCs as a marketplace reveals rent seeking behaviours that have overall implications for healthcare delivery.
- We examined this state of affair, and highlighted the overall implications for health provisions.



Methodology

Study Area: Enugu State, Nigeria



Procedure

- Observations
- We followed debates/issues
- IDI/FGD using semi-structured instruments
- Weekly debriefing

PHCs as realms for economic exchange

- PHCs are organized like an economic institution with focus on making profits.

Economic activities in PHCs are two folds:

- The facility wants to make extra money to solve internal challenges.
- Health workers wants to make extra money to augment their income

Motivation to make profits sometimes interfere with healthcare delivery

“One of them sells diaper... and it got to my own turn, I was number 9. She collected 500, and said that I must buy it [diapers] that her own is N300. So they do it like what Christ said that my father’s house, they are using it for robbery. They will collect money for needles and you [are expected to] also buy diapers. So, the thing is that they will attend to you after you might have bought their goods”
[FGD_NSK_WCB].





Facilities make money through informal means

- OICs run facilities like a private business, they buy and sell pharmaceutical products from open markets.
- Free items are not completely free, but are sold, sometimes based on health seekers' ability to pay.
- Prices of items may be inflated for unsuspecting and well to do patients.
- Rents are shared among staff, including volunteers.

“Sometimes, after some months, there are somethings we use to share; from that thing we share we give them a little something for transportation.” [CHEW_NSK_DIS].



Patterns of social relationships among health workers

- Health facility thrives as a marketplace because it promotes sociability.
- It provides opportunities for social interaction, the formation of social ties and social inclusion.
- Minimal or extended conversations about personal issues are common and sometimes result in presenteeism and negligence.
- Social interaction promotes collusion in sharing of rents and protection of staff.

“when WHO came around they almost confiscated the good of one of the worker selling around the premises .
If not for the intervention of the fellow health workers
[CHEW_NSK_DIS].”

“Pentha is supposed to be injected through the left leg, but
it may slip their mind and they inject on the right. So, the
person she is working with might notice but refuse to speak
out because they are in the same faction
” [CHEW_NSK_DIS]

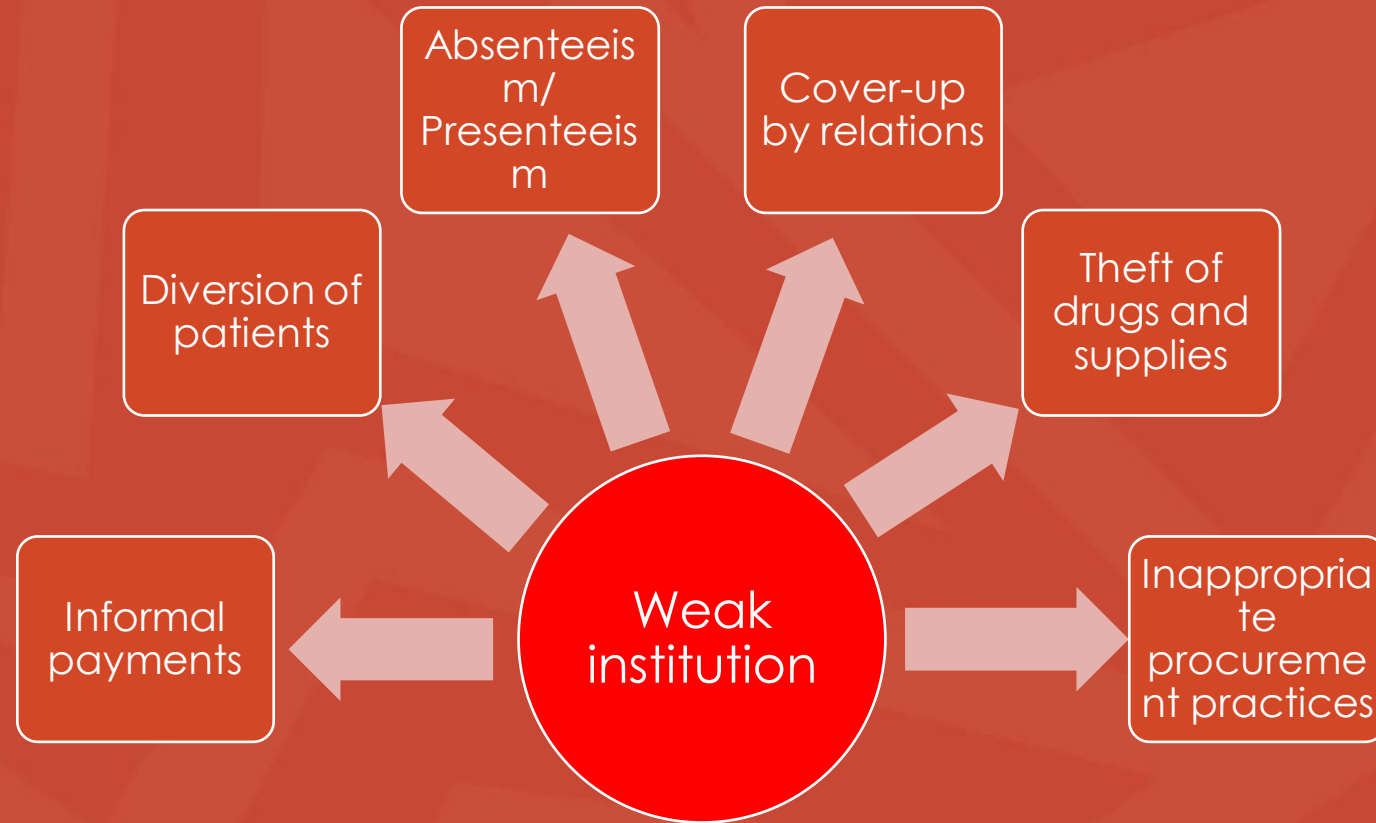


Institutional Structures governing activities of health workers in PHCs

- Monitoring and supervision of the facility are in the hands of the health administrators at the local government.
- But they are constrained by finance and logistics challenges.
- Considering the challenges of low wages and human resources, administrators may look the other way to rent seeking so that workers can augment their salary.
- No system in place to pass ethical conducts to newly employed staff.



Weak institution results in informal arrangements and justification for rent seeking





Conclusion

- Weak regulation of Health Workers activities open door for rent seeking in PHCs.
- Health Workers motivation to make profits sometimes interfere with healthcare delivery.
- Improved administrative structures may help PHCs function appropriately.