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HEALTH SECURITY ISSUES AND CHALLENGES IN NIGERIA

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Abstract

The study examined the concept of health security and its applicability in Nigeria and upheld its desirability because safety is man's most prized want, including health security. However, the culture of Nigeria's ruling class, which relies on overseas medical tourism, made them unaware of this phenomenon. The study applied the descriptive design, using the case study as an investigation tool, since health security is embedded in human security. The case study procedure revealed that Nigeria spent merely two thousand Naira per capita per population. This was reflected in the country's low budgetary allocation each year, which is also the lowest in the African continent. This accounted for why the Nigeria Medical Association (NMA) embarked on strike action often as means to demonstrate inadequacies in the sector and to make the ruling elite understand the symbiosis between human and health security to prompt them to allocate resources adequately to both areas. This approach

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revealed that to have health security, infrastructure must be provided adequately at three levels, namely primary, secondary, and tertiary health centers, respectively. These levels must support each other, and the services should be accessible, available, and affordable. Health security must form part of the agenda for public policy in the health sector because it is unknown to public policy drivers and the National Planning Commission that design developmental plans for Nigeria. In the absence of a functional national health insurance scheme, affordable health security is an alternative. This is one of the major ways in which the life-expectancy of Nigerians, who live in a country surrounded by brutish living conditions, can improve. Amongst others, this study proposed that the ruling elite should obtain their healthcare needs within the country, whilst all employers who have 25-30 employees, should establish a health insurance scheme for their employees.

Keywords: *Health Security, Human Security, Ignorant Elites, Health Insurance Scheme, Nigerian Medical Association*

JEL Classification: I13; I18

Introduction

Discourse on the construct, health security, is equivalent to a treatise on human security as they both have theoretical linkages and empirical dimensions, since the two concepts cut across several disciplines and generate different perspectives. It is an emerging area of study in international relations within security studies, which simply implies that in the pursuit of national interest, and others, health and security should be a composite area of interest on which to focus. Even if it is not a stand-alone item on the list of national interests, whatever is obtained from a neighboring nation for the domestic environment, should not constitute a health and security risk. Infectious diseases that become pandemics, decimating the populations of states such as the Spanish Flu of 1918, SARS in China in 2003, HIV/AIDS and the Chinese corona virus of 2019, have all made health and human security an item that states should consider when planning and developing policy in the current borderless global village.

A healthy nation is indeed a wealthy nation. Only a nation with a labor force that is healthy could boast of optimum productivity with less off-work days, which means an increase in productivity in various industries, as sick people would stay away from work and spend time to recover instead of boosting the economy. When

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children are not vaccinated, this translates to a nation building a population that would be susceptible to frequent infections without health security, which could trigger both endemic diseases and, of course, epidemic outbreaks.

Health security is a component of development and sustainable development planning. Consequent to the variety of its characteristics, the United Nations Organization (UNO) approached health security through the World Health Organization, which in turn applied the United Nations Development Program's (UNDP's) framework in pursuit of health security. The 1994 UNDP's Human Development Report entitled, 'New Dimension of Human Security', acknowledged seven (7) types of challenges to human security, namely food scarcity, economic, health, environmental, personal, community and political security (UNDP, 1994). The preface of the 1946 World Health Organization's (WHO's) constitution states, inter alia, that, harmonious relations, happiness, and security of all individuals, including the health security of everyone, is basic toward the achievement of peace and security.

To conceptualize this, one should consider the concept of security as a phenomenon to find that it denotes to 'a state of freedom from harm or any danger. It is the state of being freed from, or capacity to withstand possible danger (or other undesirable perceived changes) triggered by others. The term security encompasses that of individuals and groups in a social setting, organizations and things, environments or any other phenomenon or object susceptible to undesirable alteration (Igwe, 2005). A further interrogation of the concept of security reveals that it invokes the state's capacity to defend their territories by 'de facto' or 'de jure' principles drawn from the Westphalia Treaty of 1948. Jean Jacque Rousseau (1712-1778) had described the state as an 'organized force within its territory', placing security duties on the state to secure citizens from threats, which also implies compliance with relevant orders from the state's security institutions. Security in the broadest sense, according to Viotti (1994), is more than only armed forces considerations. It can be conceived as a defense to counter foreign (or local) threats, including the general economic and social welfare of a social order and people in that society. National security focuses on defending people from danger or any condition that can cause unwanted changes. It refers to the capacity of a nation to confront dangers opposing its authority. It has been described more broadly as all calculated arrangements to safeguard and protect the nation's citizens including the individuals, groups, businesses and national resources from disruption, or negative occurrences (Yanet & Oisamoje, 2016). Whenever someone

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takes proactive action against events that would have negative consequences, he/she would be engaging in security measures. These various conceptions of security revealed the following:

i. It is the business of the state to plan, execute and maintain the security of the citizens within its territory.

ii. People moved rural areas into the cities as the most consummate community in which to reside to achieve security of life and property.

iii. Measures should be established to prevent and protect the citizenry against any occurrence (disease, epidemic, or pandemic), which would have unpleasant consequences.

iv. It involves protection from any threat or situation that may occur; and

v. Security covers the socio-economic well-being of individuals and society.

Drawn from the above, health security involves a conscious proactive measure that the state assumes to protect citizens against known diseases and prospective health issues by establishing adequate health infrastructure that cuts across all phases of medical health levels, namely primary, secondary, and tertiary healthcare levels. Health infrastructure should be spatially distributed and supported with medical laboratories, drug manufacturing organizations and adequate personnel. The health infrastructure should be adequately staffed, while personnel should be regularly trained and retrained to have the relevant capacity to confront any unforeseen disease outbreak. This is to ensure that citizens are humanly secure. This situation is, however, alien to African states, in general, and the Nigerian government, particularly, because public officials always travel overseas to seek medical attention when they are sick. For instance, an online media report stated that Nigeria would have lost $500 million to medical travels if not for restrictions on international travels owing to COVID-19 (Onyeji, 2020). Health security is indeed a new concept in Nigeria and in many African countries, though it should not be, had it not been for a ruling elite that is closed minded.

Problem Statement

The problem stems from the fact that the concept of health security was relatively unknown at first; hence, no budgetary allocation was ever made in this respect. Health security consists of a comprehensive health policy, which ensures that the citizenry is free of diseases, epidemics, pandemic outbreaks, and any other health threats, as well as well-equipped health facilities at various levels of the

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country's health system. It involves the conception and establishment of primary, secondary, and tertiary health institutions, which are equipped, funded, and staffed with the capacity to diagnose, investigate through laboratories, and treat diseases when they occur.

Since 1960, there have been no comprehensive health policies that could be described as conducive to 'health security in Nigeria, because until 1985, when Professor Olikoye Ransome Kuti became the country's Health Minister with his Primary Health Centre (PHC) perspective and framework, there was no primary health strategy. From 1986 to 1990, the PHC programme was expanded to all local government areas on a trial basis, when it was able to achieve universal immunization/vaccination of over 80 per cent of the targeted population. Responsibilities were then devolved to PHCs in local government areas. In 1992, the National Primary Health Care Development Agency (NPHCDA) was created to ensure that the PHC initiative was sustained. However, this all ended in 1993 with the change in government. Today, less than 20 per cent of the 30,000 PHC amenities across Nigeria are still functioning. It should be noted that until then, there were no primary health securities for maternal, newborn and child health, apart from some Traditional Birth Attendants (TBAs).

Even at a secondary health level, there have been no policies on health security. Public health services have most of their doctors' diverting patients and drugs (where available) to their private clinics. In other words, secondary health institutions lack the capacity to provide adequate medical care because of poor staffing, deficient equipment, poor supply of health facilities, a lack of drugs, and so on. This is owing to a lack of directive state policy. Medical doctors in public hospitals have not been debarred from private practices to focus their attention on public hospitals. The collapse of primary health security (no doctors, no qualify nurses, no infrastructure, no drugs, and no responsibility by local government) made many to turn to secondary and tertiary facilities, which are themselves decrepit and not suitable as an alternative. Health security is focused on being preventive rather than curative. This implies that infrastructure should be established, whilst health education, sensitization and advocacy should be published in mass media channels.

The cumulative effect of the absence of health security is the country's poor public health system, where a simple ailment, for example, which could have been prevented, becomes deadly. The ruling class has always resorted to seeking health security overseas and hence, has not paid any significant attention to the country's

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health sector. Under these circumstances, there has been no patriotic commitment to the issue of health security in the nation. The nation's health system's mundane existence was exposed by the COVID-19 pandemic, which emerged from China and spread across the globe with no drugs to prevent or cure it initially, resulting in crises and panic, worldwide. However, when the vaccine was finally discovered, the nation depended mainly on donations from foreign countries and this situation still applies today.

Research questions

Based on the reviewed concept of health and human security, the study raised the following research questions:

- What was the state of health security in pre-colonial Nigerian societies?
- What would have accounted for the unplanned nature of health security in modern Nigeria?
- Why have health issues received a reactionary public policy approach in modern Nigeria?
- Why is it that the Nigerian state cannot tackle any epidemic or pandemic without the generosity of the global community?
- Why is the Nigerian state never part of a global research team to address and prevent both an epidemic and pandemic of any kind?
- Why do the Nigerian political elite engage in medical tourism despite the number of hospitals in Nigeria?

Research Objectives

The research objectives are:

- To explore the state of health security in pre-colonial Nigerian societies.
- To understand reasons for the unplanned nature of health security in modern Nigeria;
- To examine why health issues usually receive a reactionary public policy approach in modern Nigeria;
- To explore why the Nigerian state cannot tackle any epidemic or pandemic without the generosity of the global community;
- To understand why the Nigerian state has never been part of a global research team to address and prevent both epidemics and pandemics of any kind; and

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- To explore why the Nigerian political elite, engage in medical tourism despite the number of hospitals in Nigeria.

Research approach

The study was conducted by using the descriptive research design to establish the situation regarding health security in Nigeria before and after COVID-19. It was meant to obtain relevant data concerning the status of health security in Nigeria. The basic aim was to describe 'what existed' in the face of the requirements of COVID-19, and what was required to assist with making informed decisions towards the institutionalization of a health security infrastructure to progress towards not only health, but also human security. Descriptive research design consists of various approaches, including case studies, surveys, trends, and documentary analyses (Ndiyo, 2005). Of these research strategies, the researcher adopted the case-study approach to evaluate the study's subject-matter. Application of the case study enabled the researcher to examine every significant step towards instituting health security in Nigeria.

Part of the procedure was to rely on budgetary allocation analysis and public policy on health. The researcher complemented the observation with documentary analysis. This showed an increasing budgetary allocation without corresponding output of accountability in the form of infrastructure. Inquiry and analysis indicated further that the bulk of the budgeted funds were trapped in health sector bureaucracies such as boards and health agencies, for example, the National Health Insurance Scheme (NHIS), where doctors treated patients, but were not paid by the Health Maintenance Organizations (HMOs).

The researcher considered this study to be a preliminary one, given the novelty of the concept for public policy designers and policy planners at executive state level. The unit of analysis was 'health security', which, according to the World Health Organization (WHO), encompasses all actions that are vital towards minimizing the threats and effect of severe public health situation that threatens the general health of populations. The COVID-19 pandemic exposed the absence of health security in Nigeria (WHO, 2020). It was adopted because it had the capacity to unveil the analytical picture of health security in Nigeria and, at the same time, divulge the inadequacies and propose what is needed to establish it. This case study approach allowed an assessment of a background of the problem, the trend of the allocation of resources to it and the tendency of the ruling class, both military and

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civil rulers, to seek medical treatment abroad, which accounted for the poor state of health security in Nigeria.

Theoretical foundation: Human security

Theories are often developed and tested by scholars to firm their propositions, use these to explain the issues, draw networks to other issues in the state, and based on the functionality of the theory, make predictions. Consequently, the adopted theoretical framework to analyses the subject matter of this study was human security because health security was considered to be a major component of human security.

In 1994, Mahbub Ul Haq inserted the notion of "human security" into the '1994 UNDP's Human Development Report' with the intention of placing it on the agenda of the 1995 World Summit on Social Development in Copenhagen. It reiterated that any consideration of 'global security' must ruminate 'health security' as its major component. According to Ul Haq (1994), health security comprised the following elements: (i) economic security, that is the how basic income is generated for people's living standards; (ii) Food security, that is the quality and quantity of food available to people, correlating to health security. Access to basic food is a function of their purchasing power; (iii) Health security guarantees minimum protection from diseases, which is a function of accessibility, affordability and availability of health facilities; (iv) Environmental health-protection, which concerns where people reside, as well as where their food is generated; (v) Personal security, which infers that protection from physical harm was the main reason why the state was created and why people submit to it directives; (vi) Community security, which entails the avoidance of sectarian violence and the protection of minority groups within the state's systems; and (vii) Political security, that is to honor the human rights of people in the state (UNDP, 1994). The theory of human security, in which health security is embedded, was captured by Thomas Hobbes (1588-1679), John Locke (1632-1704), J.J. Rousseau (1712-1778), and David Hume (1711-1776). They all subscribed to the 'social-contract' theories, arguing that human security was the primary purpose of the state. Hence, it is the position of this study that the above contentions of these eminent scholars could not have excluded health security and thus provided the foundation and suitability of a framework for the current narratives.

Buzan (1990: 7), like Mabub Ul Haq, identified five (5) proportions of human security, namely military, political, economic, social, and environmental security.

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The differences in the components of human security between the two scholars included military, social, food, health personal and community security. It is instructive to note that health security, as a derivative of human security, and as proposed in this analysis, was almost the same as Buzan's (1990) view. He concurred on the affinity of health being a component of human security, thereby affirming suitability of the framework.

Another affirmation of the aptness of this paradigm of enquiry was established by the United Nations General Assembly (UNGA), Resolution No 66/290 of 2012, which provided a wider notion of security to focus on the individual. The assembly's resolution upheld that 'human security' does not really infer to absence of violence or war but embraced being free from terror (protection from violence), being free from poverty (adequate food, health care and shelter) and freedom to have a dignify life (human right protection and promotion). At the 2005 World Summit, the state leaders and governments agreed that all persons, particularly vulnerable individuals, are eligible to being free from fear as well as wants. This then defined human security with health security, assuming a central position within the conception.

These components are integrated and germane to human security and all hail from the processes of planning, providing resources and infrastructure for the benefit of citizens. However, it stated that 'health security' was aimed at guaranteeing minimum protection from infectious and parasitic diseases, as well as circulatory diseases, all of which arise from insufficient access to health services and poor environmental control. Throughout though, it is the poor and excluded people who constitute most of the population and who are mostly the victims. It is instructive to note that traditional security involves a state's ability to defend itself against external and internal threats, and pursuant to these, it provides a standby military, police, and subsidiary para-military institution in anticipation of any occurrence from any angle of threats. 'Health security', drawn from the above, would entail generating the ability to defend citizens against infectious and parasitic diseases by providing the necessary infrastructure, training, and obtaining the right quality of medical personnel to anticipate and manage disease outbreaks at epidemic and pandemic levels, respectively. This is a function of careful planning, resource allocation to the health sector and conscious research and development of community medicine for ailments that are community specific.

The concept of human security applied more to conflict and post-conflict arenas, where citizens remain vulnerable to different forms of security challenges,

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except the ruling class in every African state. All African states faces one form of security threat or another and all African states have experienced internal insurgencies, whether these are in the form of militias fighting, internal contradictions, protests on the streets, hunger threats or threats owing to poor governance. Other challenges include desertification, hunger, and poor health infrastructure. These are some of the types of security challenges that Africans face, which impinge on their health, making the adoption of this framework a categorical imperative for analysis.

The budgetary allocation to the health sector for 2013-2020 was evaluated to understand allocation trends in the sector to validate or repudiate some of the objectives of this study, namely that Nigeria had never contemplated or pursued health security in the past or in the present. The concept of health security is alien to the Nigerian ruling class because it is meant to secure all against health insecurity. There have never been health policies to achieve health security for all Nigeria's citizens. A major challenge to health issues is that the health budget of Nigeria's government is often the lowest, whether at local, state, national government, or continental level. Nigeria's health budget, according to Olufemi (2020), is merely about two thousand Naira (N2000) per head, meaning that when the budgetary allocation to health is divided by the total population, it equates to a meagre amount per citizen. This is contrary to protecting the lives of the citizens, a cardinal function of the government.

It is, therefore, imperative that Nigeria's health security should include *preventive and curative medicine*. The latest WHO (2020) report indicates that Nigeria's doctor-to-patient ratio is 4:10,000 patients and patients often wait hours to be seen. The World Health Organization (WHO, 2020) recommends that the doctor-to-patient ratio should be 1:1000. However, the *"Golden Finishing"* line in Nigeria is 1: 2,500. There is obviously inadequate input to meet the target of obtaining health security in Nigeria. The implication is that 'human security' is at risk within the nation. Hence, Nigeria has the lowest national expenditure on health, lower than Angola, South Sudan, and Ethiopia. Consequently, the cumulative effects of this are expounded below.

- Affluent Nigerians continue to travel on medical tourism. On average, Nigerians spend $1 billion yearly on medical tourism. This is happening at a time when doctors are leaving Nigeria owing to appalling healthcare amenities and deplorable conditions of employment. Nigeria spent about $11billion in the last 10 years on medical tourism (Nzor, 2022). Medical tourism is the outcome of

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neglected medical facilities by various levels of governments, namely local, state, and federal governments. In fact, health tourism causes tremendous hemorrhage on the foreign exchange of a nation (ibid).

- Nigeria has a high infant-mortality rate (Ajikobi, 2018). The infant-mortality rate is a measure of the likelihood that a child may die between birth and their first birthday. It simply implies the number of deaths per 1000 live births. A total of 97 deaths per 1000 was recorded in Nigeria in 2011 and 70 per 1000 in 2016/17. An under five mortality rate (U5MR) is accounted for by the gaps in '*follow-up-care'* after being discharged from hospital. According to Oladehinde (2022), a study by 'Lancet Global Health' indicated that gaps in 'inpatient' supervision of common health conditions and limited 'outpatient' management on a community-based method to manage kids after releasing them from hospital is extensively responsible for the situation. Most of the deaths that the report affirmed were avoidable disorders, which included sepsis, pneumonia, diarrhea, malnutrition, and so on. Wasting and severe weight loss, caused by inadequate food and poor quality of food lead to prolonged illness and eventually death. Post-discharge death comes from less access to healthcare. The country's Maternal Mortality Rate (MMR) stood at 545 per 100,000 live births, while the adolescent birth rate correlated with child-marriages and increased the MMR (Business Day, April 19, p.13). Nigeria currently has 13.5 million out-of-school children. This constitutes a huge health security problem in the country. Failing to provide adequately for health services required at the primary health care level through to secondary and tertiary levels, respectively, could mean deliberately anticipating health disasters to occur. These problems are compounded by the lack of accessibility, availability, and affordability of health security for all in Nigeria. It is further complicated by the lack of knowledge of what 'human security' entails.

During the first term of the current government in Nigeria, the number of fiscal resources budgeted for the State-House Clinic was more than the budget for the seventeen (17) Federal Medical Centers in the entire country. Yet, the country's President sought medical attention abroad. This is the nature of the problem of health security in Nigeria, where human security is perceived to be different to health security. Given the whopping fund allocated to the State-House clinic meant for the President and his family, he still did not trust both the facilities and the capacity of the medical personnel to cater for him and his family.

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Data presentation: 2013-2020

Application of the study procedure led to evaluation of the Nigerian Budget as a unit of analysis, which at any time indicated the priority of the government. Hence, the study sought to discover if at any time the government had come close to pursuing 'health security' in its fiscal allocation. In the search for data, documentary analysis of budgetary allocations to the health sector for the period 2013-2020 were examined to obtain trend analyses of fiscal allocations and priority to the sector, whilst authenticating this study's stance that 'health security' is an unknown entity in governance processes in Nigeria. Application of the case study yielded the following data for analysis.

Table 1: Budgetary allocation to the health sector 2000-2020 - Billion#

Year	Amount #	Details	Others	Remark
2013	279	NA		No accountability in terms of infrastructural provisions
2014	264 * 175m	Recurrent 214.94 Capital 49.52	4% assigned to NHIS, which covers less than 4% of the population	*Allocation was made to these institutions to ***National Arbovirus & Vector Research Institute*** (nobody knows where these institutes with budgetary allocation are located. There were no budget details indicating their locations
2015	259	Recurrent 237 Capital 22		Capital budget was assigned to projects unknown and could not be accounted for
2016	249	Recurrent 221 Capital 28		
2017	307	Recurrent 252 Capital 55		

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Year	Amount #	Details	Others	Remark
2018	355	Recurrent 269 Capital 86	Total Budget # 9.1 Tn.	
2019	372	Recurrent 315 Capital 57	Total Budget #8.9 Tn.	
2020	440	Recurrent 381 Capital 59		

Sources: Adapted from Ihekweazu (2020).

Data analysis

The theoretical foundation of this study, namely human security, has revealed the significance of 'health security' for the overall wellbeing of the Nigerian people. The narrative analysis below illustrates the centrality of 'health security' to the attainment of human security in any development program as indicated in the 1994 UNDP report.

In Table 1 above, the budget for health indicated two major trends: (i) 2014-2016 indicated a decrease in the budgetary allocation to the health sector in an era of expansionist budgeting. This was critical for this analysis and for the proposition of the narrative that the ruling elite was ignorant of the concept and importance of health security in Nigeria; (ii) conversely, 2017-2020 indicated slight increases to the sector, which were considered low compared to other sectors that were not considered as important as the health sector. Again, the increase did not mean expansion in health infrastructure, as no health center witnessed additional health infrastructure based on the study's assessment. This indicated that the government elites do not comprehend how important healthy people are for the economy; and (iii) The decrease or increase in budgetary allocation did not in any way indicate a physical increase of infrastructure in either the primary, secondary or tertiary health infrastructure. The paltry amount allotted to 'capital development' could not turn around the infrastructural deficit.

Health security is at the center of human security, but the ruling elite remains ignorant of this symbiosis. When the Nigerian government begins to focus on health security, where it prioritizes the health and wellbeing of most of the citizens, then all other things are likely to follow. In this case: (i) health would receive a considerate percentage of the budgetary allocation; (ii) The budget would be divided into primary, secondary and tertiary healthcare sectors, respectively; (iii) Medical personnel development, including medical laboratory scientists' capacity

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training; (iv) Research and development in the various sectors of health services; (v) Standardized health architecture, citing medical institutions in a three-tier structure in all states/zones; and (vi) The fifth step above would conduce accessibility of these medical institutions and their services by the citizens. At this point, human security would have been half attained. When health security is pursued and incrementally attained, it would inadvertently generate *economic security*. The value-chain pursuant to health security would create enormous security in respect of employment, production of inputs to drugs manufacturing, construction, and so on. This is because development would grow in the sector, while areas such as research, drug development and herbal investigations would benefit owing to a spin-off effect.

Health and economic security would produce *food security* because it would empower people with basic means of livelihood in the value-chain to have purchasing-power-parity, giving them access to health services. Health, economic and food security would in turn impact the environment positively, because when these are attained, the environment would not be over-exploited, but dealt with in a sustainable manner to provide for the current generation without jeopardizing the interests of generations yet unborn. This speaks to the concept of sustainable development. When the environment is properly managed, it would not be left with ponds or stagnant waters that become the habitat of mosquitoes and many vectors of water borne diseases. All these conduce to *personal security* of the individual, as an individual's well-being is equivalent to the community's well-being. This is because the community is a collectivity of individuals. Political *security* and good governance, along with this tepid approach, would guarantee health security, as contemplated in this study.

The effects of the data in Table 1 above have their implications in terms of impact. During World Malaria Day, celebrated in Nigeria recently, it was revealed by the Adamawa State Ministry of Health that About ten (10) individuals die of malaria in Nigeria every hour. The National Malaria Elimination Program revealed that 90,000 death related malaria are recorded every year in Nigeria (Sahara Reporters, 2022). These are avoidable calamities, which, with careful public policy planning, budgetary allocation, implementation, monitoring and evaluation, can be eradicated. Freedom from the fear of a malaria attack is a component of human security. Freedom from want of health infrastructure is pivotal to human security. Given the scourge of malaria in Nigeria and the continent, health security and, by implication, human security, remains far from the public's reality and benefit.

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Human and health security

It was mentioned earlier how health security is embedded in human security within society. Here the concern is how it could enter the agenda of state planning. It was the consistent poor integration of this concept into development processes in Nigeria and Third World states, which prompted initiation of the development agenda, known as the Millennium Development Goals (MDGs). In this agenda, goals 4, 5 and 6 were set towards the reduction of child mortality, improved maternal health, and combating HIV, malaria and other diseases, respectively, as desirable goals. These were all components of health security. Nigeria has failed to make significant progress in respect of these goals, and hence health security has failed. Failure to make significant progress and impact on the MDGs' template led the United Nations Organization to initiate the Sustainable Development Goals (SDGs) 2030, wherein goal number three (3), namely good health and well-being, subsumed the earlier three (3) in the MDGs, which were unattained. It is, therefore, imperative for civil society to collectively insist that these goals be included in the agenda of Nigeria's development.

Political parties must include health security in their programs and elucidate strategies for their realization in governance processes. Until there is careful planning for the primary, secondary and tertiary health sector, every fund allotted to the current structure of the Ministries, Departments and Agencies (MDAs) will be taken over by corruption as administrative expenditure. The obsession of the ruling class to embark on medical tourism (Ebuka, 2020) has made this advocacy a categorical imperative. The welfare of the people should be at the center of government programming. It is important to state outrightly that the integration of health security into the development agenda of the state is possible in a 'State-led Development Program' rather than in a free market economy. This is because it requires massive state investment at a primary, secondary, and tertiary level, respectively. This would include the training of personnel, their retention and drug provision.

Agriculture-nutrition and health security

In this section of the discourse, the study purports that health security can be approached not merely from the provision of primary, secondary, and tertiary health infrastructure, but also by ensuring that the citizens have access to adequate food and a balanced diet. Food and nutrition could serve as a health security issue

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when all people always have physical, social, and economic access to and are able to consume food in sufficient quantities and qualities to meet dietary needs, complemented by a good source of drinking water and clean environments. Put differently, when citizens of any nation, and specifically Nigeria, grow enough food and possess purchasing power parity to access the foods and eat the right quality and quantity of a balanced diet, then they would have obtained security against ill-health. The body system would then be able to produce enough antigens, which would fight foreign bodies intruding into the body's systems.

Currently, Nigeria is a state in crisis, as adequate food cannot be cultivated in the Boko Haram invaded territories of the north-east. Farmers in the Southern Kaduna state and elsewhere cannot expect harvests, while herders have continued to plunder farmlands in the middle belt and other places. The feasibility of attaining health security through agriculture, nutrition and food security is desirable, yet difficult during this period of considerable insecurity in Nigeria. Nigeria recently borrowed grains from other Economic Commission of West African States (ECOWAS) countries to augment food shortages in the country. This is an indication of state failure.

Heath security: Preventive module

One aspect of health security is its preventive component. It implies that there should always be 'health related research institutions', where investigations are carried out to understand the natures of diseases and to develop appropriate curative medicine for it. Wherever such institutions exist in Nigeria, they are often under-funded. There have been a few outcomes in this respect. (i) Poor prevention of childhood diseases. The wild-polio virus was eradicated all over the world, but persisted in Nigeria until 2020, when Nigeria was certificated as being free of the virus. This was because of cultural and religious impediments in the country. Nigerians should be sensitized to be receptive to drugs and should not allow religious bias to create a home for diseases in-house.

ii) River blindness had been eradicated in most of the world's communities, but it remained a public health challenge in Nigeria with a poor Guinea-worm control strategy. (iii) Malaria has remained endemic in Nigeria with no hope of its eradication. The scourge of Aids has continued since 1981 to devastate the nation without any national policy thrust to combat or prevent it. This was the same for the novel COVID-19 virus, where Nigeria kept depending on COVAX donations. There are no laboratory investigations into the nature of COVID-19 to produce

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related drugs in Nigeria. In terms of all the mentioned ailments, there have been no strategic medical outputs from the country's research institutions. Where there have been efforts, the government perceived no reason or rationale to fund such research because of their belief in medical tourism (Uzor, 2022).

Issues and challenges of health security

The issues and challenges of health security are essentially that there is no strong public health leadership. Local government officials do not know that primary health care is under the purview of their administration. This sector hardly receives budgetary allocations from that tier of government, where it belongs. They assume that it is the State's business. Conversely, the State, through the Local Government Service Commission, engages and posts nurses to local government without personnel requisition from the latter. This has the consequences of high wage bills in local government. In the final analysis, services are not rendered. At a secondary level, namely the general hospitals, drugs are not readily available, as well as relevant and appropriate personnel. Tertiary institutions are characterized by strikes amongst doctors as an appeal to the government to equip the hospitals. All these create room for medical tourism by the ruling class (Ebuka, 2020). Health security, as a concept, is alien to government operators. It requires planning and synergy at all levels of health services. This is a challenge, which requires considerable public education to mainstream it into the development agenda in Nigeria. The health institutions should have corresponding research institutions to complete it. Where the institutions exist and invent anything, the ruling elites would doubt the efficacy of the invention and rely on foreign alternatives instead.

Health security: Policy options

A public policy is a set of proposed decisions and actions that governments intend to take to resolve a raging problem. The problem that should be resolved in this instance is that health security must first enter the public policy agenda discourse with its expediencies and vastly canvass to earn public buy-in. Consequently, it would become the accepted pathway to deploy public resources to achieve expected outcomes as a distributive type of public policy. It is also important to state that public policies are not laws that must be followed, but rather that laws are public policy that must comply with its provisions. Accordingly, the enunciation of public policy on health security is not likely to be followed either at national or sub-national levels, given the multi-party system and type of federalism

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in operation in Nigeria. The party controlling the central government could evolve a health security policy, but the other political parties ruling the states may not willingly support the program, as Nigeria witnessed in the second Republic 1979-83, when policies such as the 'Green Revolution' and the 'Presidential Liaison Officers', respectively, experienced challenges in respect of buy-in from the States. The challenge is that currently, there is no strategic health policy to which advocacy could be launched.

Health security: Policy preferences

To establish health security, the preference is a federal statute or an act of parliament, enunciating it and specifying the following: (i) that the President, governors, and all public officials must not seek medical treatment abroad, whilst compelling them to allocate enough fiscal resources to the sector to ensure effective implementation. (ii) Primary Health Centers (PHCs) must be created in all local government areas, staffed by qualified personnel with strategic drug-supply arrangements, covering a range of ailments indigenous to the respective areas. (iii) Each state must have a secondary health facility (General Hospital) in all local government areas, staffed and supplied with drugs. (iv) Each state should have a teaching and specialist hospital, which would receive cases above the capacity of the general hospitals for specialist attention. (v) All employers of labor with 50-100 employees should establish functional medical facilities for its employees or have health retainerships with hospitals for its employees. Above all, the National Health Insurance scheme should be reviewed and rendered more functional with wider coverage, complemented by prompt payment to the hospitals, where treatment has been obtained. (vi) Appropriate sanctions that are enforceable should be prescribed for all entities who fail to provide functional health security for its employees. (vii) The health facilities should be inspected at regular intervals (Regulatory Public Policy) by a specialist body to ensure compliance and maintenance of standards.

The outcome of the health security policy practiced as discussed herein are numerous, namely: (i) it would create a healthy workforce for all sectors of the economy, and this would inadvertently enhance productivity in the economy, whilst a greater number of people would be present at work; (ii) truancy, which is endemic in the public and private sector in Nigeria, most of which are excuses on health grounds, would decrease and also aid the rise in productivity; (iii) the large quantum of financial resources currently being expended on medical tourism

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(Ebuka, 2020; Nzor, 2022) would at least be retained in the country; (iv) jobs would be created for medical doctors and allied staff in the country; and (v) pharmacists should be encouraged to engage in regulatory research and educational development to manufacture drugs in the country, using herbs, which had been used in trade-medical practices in the past, amounting to using community medicines beneficially.

Conclusion

Health security is a new concept of development, which is yet to find expression in the development focus of development planners in Nigeria and amongst political parties seeking political power to rule the country. It pre-supposes a linkage between Primary Health Centers (PHC), which should be health facilities located in each political ward. The intention is to provide first line health treatment, maternity, and other auxiliary health services to the citizens, whilst dissuading prospective mothers from patronizing Traditional Birth Attendants (TBAs). This health level has the challenge of personnel, funding, and other inputs. The second level is the Secondary Health Centers, which include General Hospitals, where health cases, which are above the primary health centers are referred to for treatment and management. Health challenges, which are above the capacity of the General Hospitals can then be referred to the Teaching and Specialist hospitals, where specialists in all aspects of human health would be housed. This refers to the tertiary health centers. These structural linkages are hardly planned in Nigeria because the policy makers depend on overseas medical facilities. It would be recalled that the Nigeria Medical Association (NMA) and the Nigeria Association of Resident Doctors (NARD), like their university counterparts, spend most of their time striking as means to attract the attention of Government to the parlous conditions in the teaching hospitals.

Agriculture, nutrition, and accessibility of food are means to achieve health security. This is because a balanced diet would generate adequate antibodies in men and women to fight infections. Agriculture and food security have failed, given the pervasive insecurity arising from Boko Haram, kidnappings, and possibilities of being raped on farms, which have scared farmers away from their farms. There is inadequate food security in Nigeria, hence the country had to borrow 5000 metric tons of food recently from ECOWAS states. This is indeed sorrowful for a supposedly ‘great nation’.

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By way of recommendation, the study submits that every organization with employees of up to twenty-five (25) persons, should have a Health Insurance Scheme (HIS), which should guarantee that employees have access to preventive, curative and rehabilitative health services of significant quality. In this case, when inflation exhausted one's disposal income, he/she would still be able to be covered by health security. This should be included in the law of the state. It is also instructive to propose that the ruling elites should, by law, access health preventive, curative and rehabilitative health services from within the country. They would be compelled to allocate more funds in the budget to this sector and ensure accountability to show that the money was well spent. This would inadvertently benefit members of other social classes and would incrementally extend to all levels of health services in the country.

The Nigeria government should be sincere and patriotic in its responses to non-state actors perpetrating insecurity in Nigeria to provide for agricultural cultivation and the production of adequate food to provide adequate nutrition to serve as health security. Health security would take a long time as a concept to be ingrained into the consciousness of development planners in Nigeria and the ruling political elite. This is a huge task, which is possible to institute, but would take time to process. A concerted effort is required from all stakeholders to bring this to bear in Nigeria. Health security is human security, as one must be healthy before he/she can do anything else. It would become a reality in Nigeria only through federal statutes, as the current system benefits a select few and not most of the population. The latest World Poverty statistics revealed that about 105 million Nigerians currently live in extreme poverty. This means that they cannot afford food, let alone health services. The state should redistribute health services through a health security policy. A healthy population would constitute a healthy nation-state. Health security is human security and *vice versa*.

References

[1] Aregbeshola, B.S. and S.M. Khan. (2017). Primary Health Care in Nigeria 24 years after Olikoye. Ransome-Kuti Frontiers, Public Health. [Accessed: 31-08-20]. Published online, 2017 Mar 13. Doi:10.3389/fpubh.2017.00048 – Community Health and Primary Care, University of Lagos, Lagos, Nigeria & Public Health Sciences, Karolinska Institute, Stockholm, Sweden.

[2] Adegoke, Y. (2019). Does Nigeria have too many doctors to worry about 'brain drain'? BBC News Online, April, 24.

Annals of Spiru Haret University.
Economic Series
Since 2000
ISSN:2393-1795 ISSN-L:2068-6900

[3] Ajikobi, D. (2018). Factsheet: Tracking the state of Nigerians' health over 10 years. Africa-Check, 13 February 2018. [Online] Available: https://africacheck.org/fact-checks/factsheets/factsheet-tracking-state-nigerians-health-over-10-years[13 July 2021].
[4] Busan, B., Kelstrup, M., Lemaitre, P., Tromer, E. & Weaver, O. (1990). (eds). The European Security Order Recast: Scenarios for the Post-Cold War Era. UK: Centre for Peace and Conflict Research.
[5] Sahara Reporters, 2022. 10 Nigerians Die Of Malaria Every Hour, Says National Report. New York: Sahara Reporters, 25 April 2022. [Online] Available: https://saharareporters.com/2022/04/25/10-nigerians-die-malaria-every-hour-says-national-report [5 August 2022].
[6] World Health Organization. 2005. Constitution in Basic documents. 45th ed. Geneva, World Health Organization.
[7] Fukuda-Parr, S. & Messineo, C. (2012). 'Human Security' in Brown, G.K. & Langer, A. (eds). *Elgar Handbook of Civil War and Fragile States*. Cheltenham: Edward Elgar Publishing.
[8] Ihekweazu, C (2020). Budget Allocation & Analysis. Nigeria Health Watch Magazine, 24 Dec 2013.
[9] Ndiyo, N.A. (2005). *Fundamentals of Research in Behavioral Sciences and Humanities*. Calabar: Wusen Publishers.
[10] Nzor, E. (2022). Unions Decry High Rate of Medical Tourism as Nigerians Spend $1 billion on Healthcare. *The Guardian*, Tuesday, April 19, p.28.
[11] Oladehinde, T.A.2022. 'Why Under Five Mortality is High in Nigeria, other Report'. *Business Day*, April 19, p13.
[12] Onyeji, E. (2020). COVID-19: Nigeria would have lost $500 million to medical tourism – Lawmaker. Premium Times, 9 September 2020. [Online] Available: https://allafrica.com/stories/202009100240.html [19 July 2021].
[13] Olufemi, J. 2020. Nigeria budgets N2000 for healthcare of each citizen in 2020. Premium Times. [Online] Available: https://www.premiumtimesng.com/health/health-features/361373-nigeria-budgets-n2000-for-the-healthcare-of-each-citizen-in-2020.html [26 November, 2021].
[14] Viotti, P.R. & Kauppi, M.V. (2009). *International Relations and World Politics: Security, Economy, Identity*. (4th ed.). New Jersey: Pearson Education.
[15] Yanet, A.M. & Oisamoje, B. (2016). Mainstreaming Gender into National Security in Nigeria in Okolie, A., Ibrahim, S. & SALIU, H. (eds). *Governance, Economy and National Security in Nigeria*. Keffi: NPSA.
[16] WHO (2020). WHO Director-General's opening remarks at the media briefing on COVID-19. [Online Available: https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020 [19 March 2021].