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HEALTH AND THE WEALTH OF NATIONS



Delivered By

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On the occasion of the 2006 Annual General Meeting (AGM) of the HEALTH REFORM FOUNDATION OF NIGERIA (HERFON) taking place on October 25, 2007 at Abeokuta, Ogun State, with the theme: ***“Health Sector Reform: Using Advocacy To Achieve Better Health Through Primary Health Care”***

ABOUT THE AUTHOR

Chief Richard Akinjide, CON, SAN, FCI Arb (U.K) FCE is a practising **Member** of the **Bar of England and Wales** with **Chambers** at **9 Lincoln's Inn Fields, London WC2A 3BP**. He practises also at **The Gambian Bar**. He specialises in **Oil and Gas, Companies and Banking Matters, Mergers and Acquisitions, Shipping, International Commercial Arbitration and International Law**. He handles **Appeals from West Indies** at the **Judicial Committee of the Privy Council, London**. He is a **Fellow of the Chartered Institute of Arbitrators, United Kingdom (UK)**. He took **Silk in Nigeria as Senior Advocate on January 12, 1978** and was **Called to the Nigerian Bar in March 1956**. **Member of Nigerian Federal Parliament 1959-1966, Member of the International Law Commission of the United Nations in Geneva from 1981 – 1986, Federal Minister of Education 1965 -1966. Attorney-General and Minister of Justice of Nigeria 1979-1983**. He is the author of the **2nd Edition** of **“Africa and The Development of International Law”** published by **Martinus Nijhoff** at **The Hague, The Netherlands (1988)** and selling worldwide. **Pro-Chancellor and Chairman of Council of the University of Jos 1976-79**.

He is an **active** member of the **Association of International Petroleum Negotiators** in **TEXAS, United States of America (USA)**. Cases he handled are reported in various **Law Reports in Nigeria, England, The Gambia** and in **International Law Reports**. He is a **specialist in Oil & Gas**.

He represented **Nigeria** as the **Co-Agent** and a **Counsel** in the case **Cameroon v Nigeria** at **The World Court, The Hague** for **about 8 (eight)** years involving **International Boundary Dispute from Lake Chad to The Atlantic Ocean**. He was a member for **four (4)** years of the team of **International Jurists** that drafted **The Law of The Sea-Convention** otherwise known as **“The Constitution of The Sea”** which is the **biggest Convention** ever sponsored by the **United Nations (UN)**. **Chief Richard Akinjide** signed that **Convention** and **The Final Act** on behalf of **Nigeria at Montego-Bay, Jamaica**. **Publications of AKINJIDE & CO** series which started with **“Advocacy, Ethics and The Bar”** have now reached **28 (twenty-eight)** issues and circulates world-wide. **Chief Richard Akinjide** established trusts in the **Universities of Ibadan, Jos and Cambridge (England)** for **Annual Prizes in Law**. **Five (5)** of his children read law. **Chief Richard Akinjide** was the **President** of the **Nigeria Bar Association (NBA) 1970-1973** and past **Chairman** of the **Nigerian Body of Benchers** and a past **Member of the Council of Legal Education**. **Visiting Lecturer** for the **LL.M Programme** in the **Alternative Dispute Resolution, International Commercial Arbitration etc, University of Ibadan**. **Awarded Commander of the Order of the Niger (CON) in 2002. Distinguished Fellow of the Nigerian Law School. Honoured as Fellow of the Babcock University Circle of Eminence (FCE) in 2007.**

Hobbies: Golf, Snooker and Gardening.

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27. **Babcock University Eminent Persons Day Address.**
28. **Health and the Wealth of Nations: Lecture**

HEALTH AND THE WEALTH OF NATIONS

Irrespective of their aim, structure, size, endowment or complexity, organizations **will always have to fulfill one essential condition if they are to perform and, therefore, flourish and prosper**. This condition is that at *every* level of responsibility in their hierarchy and whatever the nature of that responsibility is – from the person in charge of sweeping the floor to the organisation’s top manager – **everyone without any exception discharges his or her duties with professional competence, integrity and efficiency**.

In the case when such organizations are countries – one of the highest levels of organizational complexity – those countries who meet this condition are called **“developed”**. While not necessarily endowed with abundant natural resources (e.g. **Japan or Switzerland**), **developed countries are creative and innovative. Because of these intangible assets, they know how to make efficient use of all the various resources available to them and are the prosperous leaders of world nations**. The **other** countries are named **“developing”**. While not necessarily deprived of natural resources – **indeed some possess them in abundance (e.g. Nigeria) – they have not developed the talent to use resources efficiently. As a result, they are backward, unproductive and generally viewed as more or less corrupt**.

Economic efficiency is certainly the key to the wealth and prosperity of nations. What then is the source of economic efficiency? The source of economic efficiency is one and only one: **it is the quality of the players in the governance and in the socio-economic process**. In one of my previous lectures (Akinjide & CO Series number 24: *Good Governance, Oil & Gas, and National Development*), I have developed this idea at some length referring to an interesting study by the World Bank: *“Where is the wealth of nations? Measuring capital for the 21st century”*.

Suffice it to say here that this World Bank report, addressing the fundamental issue of the **origin of the wealth of nations** after having scrutinized the economic, human, social and institutional aspects of national development in as many as 120 countries, reached this potent conclusion:

“Rich countries are largely rich because of the skills of their population and the quality of the institutions supporting economic activity”.

In other words, **it is neither a country’s material assets whether natural or produced nor a country’s mineral resources – agricultural land, forests, oil, gas water, ores, population size, industrial plants or infrastructures –**

which make this country rich and prosperous, it is rather the educational caliber of the people who inhabit the land and the reliability, quality and strength of the institutions which have been established to create and augment the country's prosperity.

Because it has always been clear to me that the **quality of education is the pillar of national development**, I felt it relevant to buttress the World Bank report's conclusion further with this quote from Bernard Shaw's *"Everybody's Political What's What"*:

"If you want to rule a people in perpetuity, one thing you must not do. You must not educate them".

I might as well have added: or should you not provide health care to them as one forgets too often **how fundamental an ingredient proper health care is for successful national development. An adequate health care delivery system does indeed rank among the very first of those reliable institutions countries must build to sustain national development and create economic prosperity.**

Like education, health care has three levels: primary, secondary and tertiary. Both in health care and in education, **what is offered at the primary level is unquestionably decisive** to shape both the quality of life – present and future – of individuals who benefit from it and the caliber of the services such individuals are likely to render the nation. It is not uncommon for men and women of success to affirm that what they learnt in primary school **was all they ever needed** to know in order to accomplish what they did accomplish. It is similarly not uncommon for men and women of good health to be in such an enviable state even at an advanced age **because of the quality of the primary health care they received from birth to adulthood.**

Just like a good foundation is the crucial part of a building allowing solid construction development, adequate primary health care together with adequate primary education are **the insurance** of sustained individual and social capabilities to create wealth and establish national prosperity. **It is therefore not an exaggeration to state that primary health care as well as primary education are the two fundamental pillars of socio-economic development.**

The theme of your AGM – **achieving better health through primary health care – should constitute a major policy objective of any government.**

Is that the case in Nigeria?

If one refers to expressed intentions, it certainly is. Among the many recommendations that the recently concluded 13th Nigerian Economic summit (NES) submitted to government with the promise that the reforms presented by the summit will be given careful consideration, the following three, which the Summit believes are primordial **if** Nigeria is to achieve her ambitious objective of becoming one of the 20th largest world economy in 2020, are particularly relevant:

- achieving 100 percent enrolment in primary schools
- Increasing life expectancy from the present 46 years to over 70 years
- Significantly reducing infant and maternal mortality.

Yet, improving in a durable manner primary health care **is a long, complex and multi-faceted reform**. Because it requires political stability, careful medium and long term planning, **strict organization and regular flows of significant investment expenditures over prolonged periods of time**, it is most likely to face implantation difficulties in developing countries.

No matter how laudable the present objective of government is, one cannot but query the realism not only of these specific health objectives but also of the global national target under which they belong. **Becoming the 20th largest world economy in 2020 would require Nigeria's economic growth to reach the phenomenal average yearly rate of between 13 and 15 percent over the next 13 years.** Improving primary health care with the result of increasing life expectancy by 24 years in a little over one decade is no less **a formidable task than sustaining a rate of economic growth which even China is not trying to reach.**

One should realize that primary health care does indeed encompass many components, some of which – such as water supply – being susceptible of constituting on their own a full-fledged national investment program. Consider the following, **non-exhaustive list of contributive areas**, the elements of which vary from being an important part to representing an essential ingredient of primary health care:

- Supply of water & potable water
- Immunization
- Mental Health
- Dental care
- Family planning
- Nutrition & adequate diets

- Basic maternal & child care
- Treatment of common illnesses
- Basic surgery
- Basic sanitation & environment care

I recognize the noble objective of your organization, which, to quote your excellent publication *Nigerian Health Review 2006*, is to make available “*an independent review of the health system and activities in Nigeria by people who do not need to be afraid of not sounding politically right.*” I do indeed support your statement that “*the publication of an independent health report such at this ... will be very useful in facilitating the implementation of these reforms and hasten the actualization of the reform objectives.*” And I hope that the commendable example you are representing will, in other areas of public policies, be followed and thus open the way to more organizations of the same intellectual caliber as this fundamental government activity which consists in elaborating socio-economic reforms should constantly be reminded of **three crucial facts:**

- That not a single component of the overall socio-economic landscape, whether health, education or others can and should be considered in isolation from the global picture; that not a single component of the socio-economic landscape can and should be considered without due consideration given to **the many linkages existing between this specific component and all the others.**
- That it should be a major responsibility of technocrats in charge of preparing policy decisions and of all those who, here or there, volunteer policy recommendations **to ensure that such policies are feasible, consistent, coherent and realistic.**
- That it should be a major responsibility of decision makers in charge of turning policy decisions into action and reality to make sure that good policies are *actually* and *timely* implemented.

It is my conviction that **if these three principles** were observed, **we might perhaps hear less ostentatious political statements** but we would certainly experience more concrete, more consistent and more durable improvements in government service delivery.

Permit me to elaborate first on linkages. Earlier in this paper, I referred to a World Bank study analyzing the socio-economy of 120 countries to reach the conclusion **that the quality of the human material is by far the most important component of the development process. In this study, the World Bank ranked Nigeria 118th among the 120 countries under scrutiny.** In the overview of your *Nigerian Health Review 2006*, you refer to the World Health Organization (WHO) and indicate that, in 2000, **the WHO ranked Nigeria's overall health system performance 187th among its 191 member states.** Later in the same publication, discussing the financing of health care in Nigeria, you insist on the inadequacy of health spending levels while indicating that:

“With poverty level in Nigeria put at between 60% and 70% of the population, little wonder that health spending could be low.”

All of this clearly indicates that health – **and especially primary health care** – cannot be viewed in isolation from the overall economic process, cannot be analyzed without an understanding of its linkages with other components of the socio-economy and cannot be planned & organized in isolation from **the macro-economic imperatives of creating wealth and of reducing poverty. Perhaps the first step on the primary health care ladder is to design policies which will improve parental income.** Now, a word on the quality of proffered policy advices.

The refuse bins of world history are filled up with wishful thinking, unreasonable demands, unfulfilled promises and white elephants. Unrealistic or inconsistent policies never go beyond the stage of the discourse. Making and not fulfilling political promises is of course detrimental to good public management. But encouraging or convincing decision makers either to make promises of reforms that cannot be turned into tangible reality or, conversely, to withdraw or cancel the implementation of policy recommendations that would do good to the nation is equally detrimental to sound economic management. Technocrats and other advisors whose job it is to pave the ground for policy decisions should therefore be more careful to proffer only those recommendations which make good sense. **They should also equip themselves with the right intellectual instruments to do so. A number of powerful techniques relying on computer simulation tools do exist which can test a series of objectives for their logic, consistency, coherence, realism, mutual interactions and various impacts.** Such tools have reasonable implementation costs and, by providing the adequate framework for the formulation of a wide range of policies and strategies at the level either of a nation, a region, a sector or a specific project,

greatly facilitate such policy formulation. **Unfortunately, it seems that they are largely ignored or neglected with the result that policy objectives are too often unrealistic, unachievable and therefore unattained.**

Finally, on policy implementation.

Largely because of Nigeria's background of poverty and illiteracy, the political debate is too often focused on people rather than on issues with the adverse result that issues often take the second order of priority and preoccupations. **It is crucial to constantly remind government that what matters are issues. And the best way to do so is by multiplying the production of independent assessments of impeccable intellectual quality – such as yours in the health sector – in as many areas of public concerns as it is possible and feasible.**

Primary health care and primary education are the two fundamental pillars of development. They are a great deal more valuable than natural resources which are worthless until human ingenuity finds ways to make profitable use of them. **They are by a long way more important than infrastructures or industrial estates which are the consequence, not the cause, of development.** You must therefore obstinately persist in your commendable effort to highlight with competence and integrity the problem areas of our health delivery system and to suggest appropriate remedies.

If, with this presentation, I have contributed a stone to the edifice, I am honoured and satisfied.

I thank you to have offered me the opportunity to do so.

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